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Older Montanans : Their Characteristics, Problems and Needs for Services

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OLDER MONTANANS: THEIR CHARACTERISTICS,
PROBLEMS AND NEEDS FOR SERVICES

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January, 1982

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Part 1

INTRODUCTION

"Older Montanans: Their Characteristics, Problems and Needs For Services " is the summary report of survey research commissioned during 1981 by the Community Services Division, Department of Social and Rehabilitation Services, State of Montana.

There are 119,240 persons 60 years of age or older who reside in 56 counties distributed over an area of 147,138 square miles. These older Montanans represent 15.2% of the 786,690 persons resident in the State.

The Community Services Division is the designated State agency on aging which has certain responsibilities and functions concerning Montana's elderly. Selected responsibilities and functions include the following: (1) serving as effective and visible advocates for all older persons; (2) determining the needs of all eligible residents of all geographic areas in the State in order to allocate resources to meet those needs; (3) establishing priorities for services and such methods as are in compliance with the applicable statute; (4) increasing statewide awareness of the rights and capabilities of older persons; (5) reducing obstacles faced by older persons that inhibit normal participation in society; (6) increasing statewide awareness of the nature of aging and Aging services; (7) improving the responsiveness of the Aging network and the public to the expressed as opposed to the perceived interests of the elderly; (8) expanding the Information and Referral system to reach Montana seniors with services they need to maintain independent living situations; (9) expanding efforts to make political and bureaucratic systems responsive to the needs of

Montana's elderly; (10) informing people about issues affecting the elderly; and (11) providing significant input and service direction to the planning and delivery of care-related programs for the aged of Montana.

The State agency must periodically consult with all of the Area Agencies in the State in assessing the needs of older persons, assisting in establishing statewide priorities, and evaluating the effectiveness of services being provided. This needs assessment project was designed in consultation with the State agency and with the Area Agencies on Aging to provide information and support for the above responsibilities and functions and to provide needed information to other policymakers, agencies, and organizations dealing with the elderly.

This survey generated a considerable amount of information regarding the elderly in the State. The format of this report reflects the purpose of the State agency and Area Agencies on Aging for readily accessible information on individual planning and service areas as well as for the State as a whole. Part 2 describes the conceptual framework for the study. Part 3 describes the methodology and how the research was conducted. Part 4 reviews the findings regarding the demographic or individual characteristics of the older Montanans interviewed. Part 5 describes the main problems identified by the respondents. Part 6 discusses the need for services and the level of participation in Aging programs, and Part 7 presents the implications of the study for present and future Aging programs and policies.

This report will contribute to an improved understanding of older Montanans, in terms of their characteristics, problems, and needs for services. Serious consideration and implementation of the findings in this report will improve the quality of life for older Montanans living today and for those who will come of age in the future.

Part 2

OVERVIEW

Purpose of the Research

This study was designed to provide an overall picture of the general characteristics and problems of older people in Montana, along with an assessment of their needs for assistance and the sources of help utilized in meeting those needs. Our objective was to develop and test a model which specifies the relationships among such major characteristics of individuals as age, health, place of residence, social relationships, financial status, marital status, and so on, and various types of needs. In turn, needs for assistance were expected to be related to participation in differing types of programs and services provided by relatives, friends, paid helpers, community agencies, or other types of organizations.

The conceptual model which guided this research reflects input from many sources, including Aging network representatives from Montana, other states, federal agencies, and from similar types of studies, especially other "needs assessments". The model (which is outlined in Fig. 2-1 on page 9) includes a number of major variables which have been found through experience and previous research to be important predictors of elders' needs for assistance. The model suggested the types of information to be collected, and it served as a basis for designing a schedule of questions to be asked in a survey of around 1% of all people aged 60 and over in Montana. The survey results indicate which Aging programs are meeting the needs of which kinds of people in what types of communities, findings which can be applied anywhere throughout the State!

Plans for the study were made in February, 1981. The actual survey was carried out during the summer, with data analysis following in the fall. This report describes some of the results of the survey. Many of our findings are reported in the form of the distribution of responses to single questions, such as the percentage of those who listed transportation as a "very important problem" and the percentage in each of the seven Aging Areas with low incomes. We also have tried to provide insights into what makes certain things a problem for certain types of people, and what service they use to meet needs arising from their problems. We found, for example, that size of community, age, sex, and income level are factors related to the use of Senior Transportation Services. Research findings such as these are a major focus of Part 6 of this report.

The "multi-variate" analysis, or demonstration of relationships among certain major characteristics of older people and their needs for assistance, is one way in which this study goes beyond previous assessments of needs in some parts of Montana. Another way in which this research differs from previous "needs assessments" is that this is the first such survey to be carried out on a statewide basis, to the best of our knowledge. Because of its comprehensiveness, this report provides comparable information about the situation of seniors in all parts of the State, rather than focusing on one Aging Area or a single county, as has previously been the case.

There are several approaches that we could have used to find out about people aged 60 and over living in Montana, the population in which we are interested. We could have undertaken a survey of

everyone in that category, such as the U. S. Census Bureau does every 10 years. Fortunately, modern sampling procedures have precluded the necessity of carrying out that time-consuming and expensive task, while making it possible to obtain reliable results from a survey of a relatively small proportion of the total population. Thus, our research is not designed to determine the actual number of elderly needing particular types of services in various places throughout the State. Doing that would have required the household census mentioned above, or at least, a survey of a sample of seniors from all parts of all 56 counties in Montana. This was not realistic, given our time and budget constraints.

As another approach, representatives of the group could have been asked to voice their concerns and interests. A recent example of this approach is the 132 community and Aging Area forums held during the 1-year period prior to the 1981 White House Conference on Aging. That process resulted in a compilation of 41 recommendations intended to serve as policymaking suggestions for local service providers, as well as for Area and State agency officials. These recommendations generally focus on single issues, without delving into background factors. This study can be viewed as providing information that expands and complements the observations generated by the White House Conference forums held throughout the State.

A drawback to the community forum approach is that there is no way to determine the extent to which those present at the forums were representative of all seniors in the State. The meetings provided an opportunity for those who attended to voice their opinion but no one can be sure of how typical these people were of those who did not participate. This is a problem any time that

"self-selected" members of a group are surveyed, rather than being selected randomly. To overcome this problem, scientific sampling procedures have been developed which allow the user to have confidence that the results from the survey of a sample can be generalized to the population from which it was taken.

For this study, we selected an area probability stratified sample. The sampling design reduced to 41 the number of counties which had interview sites, with each site assigned clusters of 3-5 interviews. This was done to cut down on the time, effort, and cost of interviewing. However, the task of the interviewers was complicated by the assignment of specific addresses, which meant that they could not simply conduct interviews at the local Senior Center or other convenient location.

We were concerned with trying to guarantee that every individual included in the sample had been chosen in an unbiased fashion, to ensure that the sample would be representative of the total reference population. We wanted to learn about the characteristics, problems, and needs of all different types of older people--rich, as well as poor; frail elderly, as well as the able-bodied; rural and urban residents; or program participants, as well as non-participants. This made it necessary to give every Montanan aged 60 and over an equal chance of being selected to be interviewed. By doing so, we could be reasonably sure that the sample would reflect the population from which it was drawn.

Because of the way our sample was selected, we are confident (within reasonable limits) that any research results that demonstrate relationships predicted by the model will apply in a variety of

localities, including ones that were not surveyed. Thus, we can assume that, if we know the distribution of key characteristics in the population of any country or community, we can predict the likelihood of different kinds of problems and needs for assistance being present in that locality.

The utility of our findings to Aging services providers lies in the survey results being regarded as an outline of factors to be considered for program decision making. From census data and other information sources, service providers can determine the number of elderly in different places with characteristics specified by the model--for example, those with low income, who are living alone, or are in poor health--which this research suggests are related to particular kinds of needs for assistance. Using census-type information in combination with the research findings, agency personnel can assess the likelihood of need in various communities, for different types of services--whether home health care, nutrition sites, or whatever--even if those localities were not included in the survey sample.

Conceptual Framework for the Study

Before we could carry out a study of "needs" of elders in Montana, we had to first define our exact objectives and what we wanted to learn. A review of books and articles dealing with the social aspects of aging provided a general background for planning the reserach. We also contacted a variety of agency and university researchers who had conducted large-scale needs assessments in other parts of the country; the organizations contacted are listed in Appendix A. From these contacts, we received copies of interview schedules and mailed questionnaires, reports of final results, and

information about sampling design and other research procedures.

Another source of suggestions was an informal poll we took of several different types of State agencies which provide services to older people and of Area Agencies on Aging in the State. Representatives of a dozen of these organizations responded to the poll, which was designed to find out from them what information our study could provide that they would find useful.

After taking into consideration all of the aspects of the subject suggested by these sources, we narrowed our focus to this research problem: What main characteristics of elders are related to the kinds of problems which result in their needing assistance to maintain a desired quality of life, and from what sources do they get help in meeting these needs?

The many different variables implied by the research problem were incorporated in a "conceptual model" adopted by the research project. Such a model provides an outline which helps to structure the major concepts, or variables, to be examined by some kind of research methodology, such as a survey. The conceptual model for this study is presented in Figure 2-1 on the next page. On the left-hand side are the independent variables (which may be thought of as underlying background factors). For our study, the independent variables are individual characteristics, such variables as age, sex, level of education, occupational status, income, race/ethnicity, and marital status. Other personal characteristics included in the model are number of children; contacts with them and with other relatives, friends, and neighbors; number of group memberships; and level of

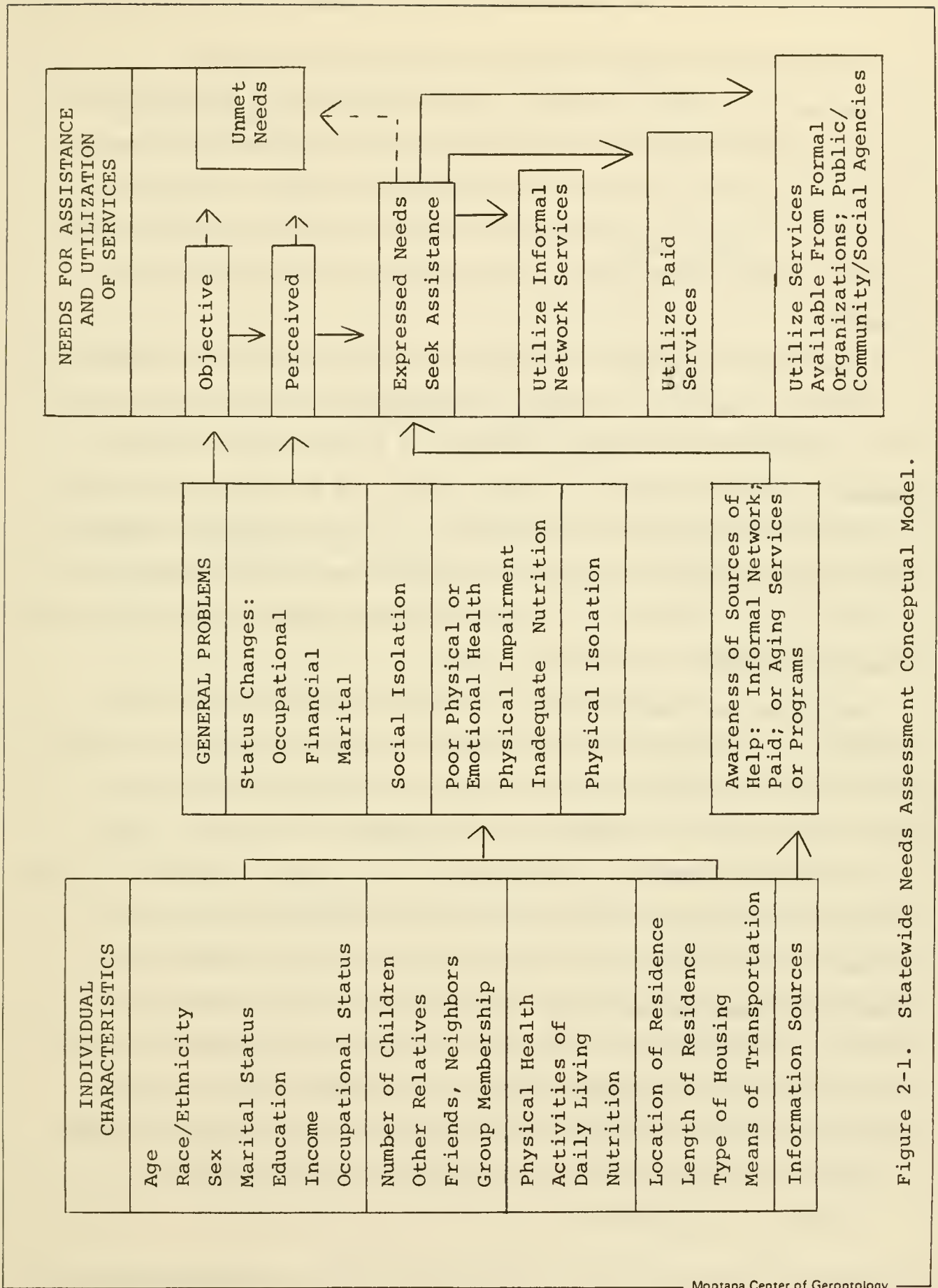


Figure 2-1. Statewide Needs Assessment Conceptual Model.

participation in groups and/or other community activities.

Other important characteristics are the state of physical health; emotional health; degree of difficulty in carrying on activities of daily living, such as talking on a telephone, getting in and out of bed, cutting toenails (which can be difficult for persons who have arthritis, poor vision, or similar impairments); and quality of nutrition.

Location of residence--especially referring to size of community and whether it is rural or urban; length of residence or how long the older person has lived there; and type of housing (single-family dwelling, apartment, public housing unit), and so on are additional individual characteristics in the model. Also included as characteristics are the person's means of transportation, and what sources of information--if any--are used to keep up with what is going on in the community that might affect him or her.

Differences in the various individual characteristics were expected to be related to certain types of general problems faced by older people. Such problems were seen as "intervening variables", and they are therefore listed in the center of the diagram. They stem from the independent variables and are, in turn, expected to help explain the "dependent variables" on the right-hand side of the conceptual model. Among the problems included in our model are: changes in occupational status--for example, being retired after having been employed, which has been found to be problematic for many elders; changes in financial status--for example, living on Social Security instead of a regular salary, which may accompany retirement or loss of family wage-earner; and changes in marital status--

typically involving widowhood, but at other times remarriage.

Social isolation, another common problem included in the model, refers to becoming more alone and isolated from close personal relationships as family and friends die, move away, or the older person becomes withdrawn for other reasons. Poor health may be one reason for becoming socially isolated; in any event, persons who are not well are likely to view their state of poor health as problematic, and the same could be expected for physical impairment or disability. Another problem may be inadequate nutrition, reflecting reduced incentive to prepare or eat well-balanced meals, which has been found to be typical of some older people. A sixth problem included in the model is physical isolation, referring to difficulty in getting out and about because of a lack of transportation, long distances to services, or limited physical mobility.

Since the various problems are likely to be interrelated, the picture is even more-complicated. Sets of problems may be typical of persons with a combination of characteristics--for example, poverty, poor health, and living alone--which make them particularly vulnerable.

Also noted in the center of the diagram is a different intervening variable: awareness of sources of help. This refers to whether elders know about services or programs available to older people in their community, or if they think they would get help if needed by paying for it or by turning to someone from their "informal network" of relatives, friends, or neighbors. This variable points to the effect that awareness of sources of help can have on the ability to seek assistance when needed. Unless an older person has some idea of where to turn for help, the assistance that might be available from Aging programs or some individual may go unused.

Assuming that one or more of the conditions discussed above are perceived by some elderly Montanans as problems affecting them, we expected the different types of problems to be related to the "dependent variables" shown on the right-hand side of the model. There are two major categories of dependent variables: the first is needs for assistance, followed by utilization of services to meet those needs (unless the needs for assistance had gone unmet!).

"Needs for assistance" refers to a variety of types of help required by older people who are not able to do something for themselves. This includes such activities as home health or nursing care; help with homemaking chores; personal care, such as bathing, feeding, or combing hair; having someone to take them shopping, to pay bills, or to appointments; having someone regularly check to see that they are all right; help with legal matters or management of personal affairs; and similar activities.

Needs such as these may be objective or perceived, or both.

"Objective needs" are those about which there would be general agreement, based upon some observable criteria that a need exists.

"Perceived needs" are those recognized by the individuals who feel they need help. Usually, although not always, objective and perceived needs go together, so that individuals objectively regarded by others as needing assistance recognize this need also. Sometimes, however, everyone but the person in question feels that a need exists, while at other times a need which seems important to some individual does not appear to others to be a "real need".

Needs for assistance that are recognized are likely to be expressed in some way, usually through an attempt to seek some kind

of help in meeting them. If the individuals needing such help are aware of some potential source of help, that is where they will most likely turn. It may be, however, that no assistance is forthcoming, either at the point where the need was perceived or after help was sought. When this happens, the needs remain unmet.

But, we would expect to find that generally some source of help has been found to meet the expressed needs. There are three types of services that might be utilized. One of the main sources of help for a large number of people is their own informal network of family, friends, or neighbors. Sometimes, help is provided by private businesses, professionals, or individuals paid for their services. A third type of assistance is provided by programs and services available from organizations such as churches, or public, community, or social agencies--including those in the Aging network, the State Department of Social and Rehabilitation Services, or other State, county, and local agencies.

In summary, our conceptual model suggests that differences in the utilization of various types of services which meet the needs of elders will be related to the existence of certain kinds of general problems. These in turn stem from differences in the characteristics of older people. We then carried out a survey to measure the major variables included in this outline. Part 3 describes our research methodology, including the procedures followed in selecting a probability sample of older people to be interviewed.

Part 4 reports some of our research findings regarding important characteristics of those aged 60 and over in the State. Part 5 discusses some of their problems, and Part 6 covers their needs for

assistance and utilization of services. The report concludes with a brief discussion of some implications of the research findings in Part 7.

Part 3

THE METHOD OF RESEARCH

The process of carrying out the statewide assessment of the needs of older Montanans involved a number of different research activities. In this part of the report, we will review four of the main steps taken: 1) selection of a sample of persons to be interviewed from out of the total population of persons aged 60 and over in the State; 2) design of a schedule of questions to be used in the interviews; 3) recruitment and training of interviewers; and 4) analysis of the data collected by the survey.

Sample Selection

One of the first things we had to do in designing the survey was to determine how many older Montanans were to be interviewed. After considering such factors as projected expense, time constraints, number of interviewers required, statistical significance requirements, and size of the population of interest, we decided upon a sample size of around 1500 persons. We intended to draw approximately 250 respondents from each of the six non-reservation Aging Areas, along with a smaller sample from Area VII, which includes all but one of the Indian reservations in the State.*

At the time we were working on the selection of the sample, preliminary 1980 Census figures for Montana had just been released. We used these figures to ascertain the total populations of the 56

*A sample size of 250 persons gives a standard error of about .063 when comparing proportions within an area, so that 0.95 confidence intervals would have a one-half width of about $1.96 (0.063) = 0.12$, according to figures provided by Dr. Richard Lund, Associate Professor of Statistics, Montana State University, consultant for the project regarding the selection of the sample.

counties in the State. However, data on the number of persons aged 60 and over in each county were not yet available, so we had to estimate that number. We used the percentage of the population aged 60 and above in each Montana county as published in a 1976 report by the (then) U. S. Department of Health, Education and Welfare: "The Elderly Population: Estimates by County 1976."

By multiplying the 1980 population of the census divisions in each of the 56 counties by the 1976 percentage of 60+ aged residents in these counties, we estimated the number of older people in every census division in the State. Then we listed, in alphabetical order, all of the counties included in each one of the six non-reservation Aging Areas. The resulting list of about 360 county census divisions, along with their estimated 60+ aged populations, was supplied to Dr. R. E. Lund who was responsible for the selection of the sampling sites. Using a population interval of 1250, arrived at by figuring a probability proportional to size, Dr. Lund designated 90 sites, in 41 different counties, where interviewing was to be carried out.

Once the interview sites had been designated, the next step was to determine the number of interviews to be conducted at each site. This varied, depending upon the size of the total sample for each of the Aging Areas. Sample sizes were set at either 1% or 1.5% of the estimated 60+ aged population of each Area, depending upon which percentage resulted in a sample size closest to the desired sample size of 250 persons. Because of their smaller populations, 1.5% samples were selected from Areas I, III, IV, and V; and 1% samples were selected from Areas II and VI because of their larger total populations. The resulting total sample sizes range from 210 in Area I to 286 in Area VI.

With the interview sites designated and the total sample size for each Area decided upon, the third step was to determine how many interviews were to be conducted at each site. We found this number by dividing the total sample size by the number of interview sites in each Area. The resulting numbers of interviews assigned can be seen in Table 3-1. Total interviews assigned range from 13 per interview site in Areas II and VI to 20-21 in Areas I and IV.

Table 3-1 summarizes the population estimates we derived; the number of counties in each Aging Area in which sampling sites were located; the number of interviews per site; and the size of the total sample assigned for each Aging Area. In the last column in Table 3-1 are figures which show the total number of interviews completed and analyzed and the percentage of the total number assigned for each Area which the number completed represents. The names of the counties in each Area in which sampling sites were located and the number of interviews completed in each county, out of the total number assigned, can be found in Appendix B.

The final step in the sample selection process was to determine the specific locations where interviews were to be conducted. We had no way of knowing the exact addresses of the persons aged 60 and over living at each of the 90 interview sites that had been designated. The problem with using some kind of existing list of names and addresses of persons aged 60 and over is that such lists--membership rolls of Older Americans organizations, Social Security records, or whatever-- are generally unavailable for protection-of-privacy reasons and they are never completely inclusive.

Our alternative was to select specific addresses and then to have the interviewers find out whether an eligible respondent--someone

Table 3-1. Summary of the Sampling Design

Area Agency on Aging	Estimated 60+ Population	Number of Counties in Area	Counties in Sample	Number of Sampling Sites	Interviews Per Site	Sample Assigned	Total Interviews Analyzed
I	13,877	17	9	10	21	210 (1.5%)	127 (60%)
II	23,500	11	8	19	13	247 (1%)	184 (74%)
III	18,359	9	8	15	18	270 (1.5%)	259 (96%)
IV	14,852	6	4	12	20	240 (1.6%)	205 (85%)
V	13,946	6	5	12	19	228 (1.6%)	88 (35%)
VI	28,483	7	7	22	13	286 (1%)	205 (72%)
VII	2,000	6 Reservations			10 - 60	180 (9%)	123 (68%)
Est Total	115,017	Total Counties in State 56	Total Counties in Sample 41	Total Sampling Sites 90	Sample Total 1661	1.4% of the 1981 Total Population	1191 (72% of Assigned Sample; 1% of Population)
1980 Census Total	119,240						

60 years of age or over--lived at that address. If not, the interviewers were to go to the closest house and inquire whether an eligible person lived there. This process was to be repeated until a cluster of 3-5 interviews was completed in the near vicinity of each starting address the interviewers were given.

We considered using State property rolls to select specific addresses, but found that locations drawn from these records are not listed in the form of street addresses, and the property descriptions given would have been difficult for interviewers to find. We then decided to use telephone directories, since these books contain a more complete listing of residents of different places in the State than could be found elsewhere. Although residents who do not have telephones are usually considered a limitation to the use of this approach, we felt that this drawback would be minimized by the fact that interviewers were to conduct from 3-5 interviews for each starting address they were given. The starting addresses were selected by a random process from whatever telephone directory covered the section of the State where a given sampling site was located. After starting with the initial address, interviews might then be conducted in neighboring houses where the residents were without telephones.

Finding the starting location for a cluster of interviews was usually not too difficult when interviewers were given specific street addresses in towns and cities. In some communities, interviewers lived right there and then knew personally where residences given as their starting points were located. But, in rural areas, names are often listed in the telephone directory with no address other than "west of town." For interviewers who were not familiar

with the rural area, being given a name with no address posed a problem. In some instances, they were able to get help in locating the starting point from a community resident, the local post office, or the sheriff's office.* In a few cases, interviewers called the telephone number of the person whose name they had been given as a starting point, and obtained directions. Carrying out interviews in the rural areas then entailed having to drive many miles out into the countryside to find the designated starting point for a cluster of interviews, and later driving more miles to find the nearest eligible respondents. As a result of these efforts, interviews were carried out with older people who would not have been represented in the sample if only those who were readily accessible had been interviewed.

Most of the interviewers followed the sampling strategy outlined for them; in a few instances, when we became aware that this was not the case, data from these interviews were not analyzed. As Table 3-1 indicates, the completion rates in the different Aging Areas vary from 35% in Area V to 96% in Area III. Overall, 72% of the assigned interviews in Area I-VI were completed; 68% of the interviews were completed on the six Indian reservations in Area VII. Altogether, 1191 interviews from the total sample of 1661 (72%) were completed.

Design of the Interview Schedule

Before we designed the instrument to be used for the needs assessment survey, we studied a number of interview schedules and mailed

*Interviewers were provided with a copy of a letter addressed to local law enforcement officials--the county sheriff or city police department--introducing the Center of Gerontology and explaining the purpose of the study. This letter was to be given to law enforcement officers before interviewing was initiated in any county.

questionnaires which had been used in similar surveys in other parts of the country; a list of agency and university sources from whom we received copies of materials regarding needs assessments can be found in Appendix A. Probably the most widely used of these is the "Older Americans Resources and Services" (OARS) questionnaire, for which Duke University has the copyright. Although there are advantages to using an instrument which has been tested for reliability and provides results which can be compared with results from other locations, we did not expect to be able to spend the time required to train our interviewers to administer such an instrument.

We also felt that it was desirable to design our own schedule of questions in order to reflect special concerns in Montana; for example, the distances rural residents have to travel for medical care. All of the survey instruments we looked at covered similar areas of concern (health, nutrition, general problems of the elderly, services needed, and so forth), although there are differences in emphasis and variations in the ways questions are worded and in the order questions are asked. From these examples, we compiled a comprehensive list of items to be included on the interview schedule for our needs assessment survey in Montana. In most cases, the items selected are similar in content to those contained in other instruments; but, in some instances, ours are presented in different formats.

In the course of designing the questionnaire, we were conscious of the lack of professional interviewing experience that would characterize the persons who would be carrying out the interviews. Therefore, no questions that required the interviewers to solicit or write statements were included. Instead, we tried as much as possible to simplify their task by providing them a box to check for each

affirmative answer--with the place for the answer to be left blank in cases of negative responses or no answers. A copy of the interview schedule used for this Montana needs assessment survey can be found in Appendix E.

The way that the survey instruments were subsequently filled out by the interviewers indicate that the majority did not have too much trouble in following instructions on how to complete the schedules, especially if they had attended a training session. But, the checking of multiple boxes did prove confusing for some interviewers, particularly if they had not attended a training session. As a result, the task of follow-up was more time consuming than we had expected. It was necessary to check on whether incomplete schedules represented no response on the part of the respondent or misunderstanding on the part of the interviewer.

After the interview schedules had been designed, the project director and two assistants--recent Sociology graduates from Montana State University--pretested the questionnaires by interviewing a dozen respondents. This experience led to minor revisions, directed especially at reducing the length of the interview schedule, so that interviews could be completed in about an hour. Interviewers were asked to indicate on the front of the questionnaire the time each interview began and when it was completed. The times that were listed verify that interviews were generally completed in one hour or less, although some stretched to several hours, when respondents were especially talkative or lonely. All in all, considering the limited time available for designing the survey instrument, we are generally satisfied with the quantity and quality of data collected as a result of the survey. Another feature that worked quite well was

the way the schedules were designed to be put in the mail upon completion of the interviews. Each schedule was enclosed in a postage pre-paid folder addressed to the Montana Center of Gerontology. The interviewer simply stapled the sides together in two places and put the schedule in the nearest mailbox; this precluded the necessity of having the completed questionnaires handled by anyone other than the interviewers and the research staff at the Montana Center of Gerontology.

Interviewer Recruitment and Training

The interview schedules were ready for use by late Spring of 1981. Therefore, during May and June, training sessions were scheduled for each of the seven Aging Areas in the State to train the interviewers who were to conduct the survey. In a car loaded with several hundred questionnaires and a dozen sets of explanatory materials to hand out to interviewers, we traveled from the Montana Center of Gerontology to each of the different places in the State where an office of an Area Agency on Aging was located.

Meanwhile, the AAA had notified various people connected with Aging programs in their Area that a one-day training session was to be held to prepare them to carry out the needs assessment survey. Under the plan for the study, each one of the Area Agency directors agreed to be responsible for providing personnel to conduct interviews at sampling sites located in the counties included in their Areas. In several Areas, more than one training session was held. Additional interviewers had to be recruited to help work on the survey, since each Area Agency had been assigned more than 200 interviews to complete.

By the end of the summer, when the deadline for completion of the interviewing had been reached, from 12 to 16 interviewers had worked on the survey in the different Aging Areas. Altogether, more than 80

interviewers participated in this needs assessment survey throughout the State. Many were Information and Referral Technicians (I&Rs); some worked for County Councils on Aging; several for Green Thumb programs; half a dozen were students from social research courses at local colleges; and some were members of Older Americans organizations.

The arrangement whereby interviewers were recruited, paid, reimbursed for travel by, and responsible to the Area Agencies lessened the control of the project director over this phase of the project. This arrangement made ensuring completion of the assigned number of interviews difficult. The completion of interviews at sampling sites in different counties depended upon the availability and locations of personnel working with Aging programs and upon whether additional help could be recruited, whether those assigned the task were willing to carry it out, the amount of money that could be allocated to interviewing, and cooperation among Aging network personnel. As a result, interviewing was not undertaken at sampling sites in three counties, and, in four others, fewer than half of the assigned interviews were carried out.

On the other hand, the State funding for the project which the Montana Center of Gerontology received did not cover the expense of interviewing. Having the Area Agencies on Aging provide the interviewers was the only way the survey could have been carried out. Considering the different problems, more assigned interviews were completed than might have been expected. Interviewers frequently went "above and beyond the call of duty" in their efforts to complete their assignments: traveling long distances; spending many hours on interviewing in addition to time spent in helping the aged as part of their regular work; putting up with the frustration of having to make two or three

call-backs when an eligible respondent was not at home; and overcoming the disappointment of rebuffs and being turned down in requests for interviews.

Among the advantages of the arrangement was the familiarity with local residents that those interviewers who lived in selected sampling sites brought to their assignments. Also useful was the experience in dealing with older people that many interviewers had acquired previously as part of their usual work. The fact that a majority of interviewers were seniors themselves also helped in gaining acceptance by potential respondents. The involvement of personnel from the Aging network, rather than hiring professional interviewers from elsewhere, helped to generate awareness of the research and increased interest in the survey results among potential users. At the same time, having the chance to talk with elders with whom there might not have been previous contact provided County Council and Area Agency personnel with information they might not have acquired any other way.

Analysis of the Survey Data

As the completed interview schedules were received in the mail by the project staff at the Montana Center of Gerontology, each one was given an identification number indicating the Area Agency, county, sampling site (census division), and interview cluster from which it came. Using a codebook which assigned a value to each response marked in the schedule, three coders were responsible for transferring the information from the questionnaires onto code sheets. These code sheets were then given to the Data Entry staff at the Computing Center at Montana State University for key-punching.

When all of the survey instruments returned to the Center by the end of Summer 1981, had been key punched, the data were entered

into the computer. With the assistance of Ms. Georgia Zimba, who served as the computer programming consultant for the project, the data were arranged in the correct order in a data file. Several weeks were required to "clean-up" the data (assuring that all of the numbers appeared in the correct columns in the data file). Then, the data were programmed to constitute an SPSS system file, so as to be ready for analysis with the SPSS program. When the data were ready for analysis, 1068 cases were available in the non-reservation file and 123 in the file for Area VII.

During October and November, various types of analyses were run: frequency distributions, combining variables to constitute indices, correlation matrices, and cross-tabulations--to name some. One of the major tasks facing anyone analyzing as much data as are in our files is having to select and organize only certain variables out of all the available possibilities. Our selection of the variables on which to focus was guided by the conceptual framework for the study--the explanation of how we expected the different variables to fit together--reviewed in Part 2.

In Part 4, which follows, we discuss the major characteristics of the respondents. Then, some of the major problems identified by our respondents are reviewed in Part 5. Part 6 discusses how these characteristics and problems are related to needs for services and differences in levels of participation in Aging programs.

Part 4

MAJOR CHARACTERISTICS OF OLDER MONTANANS

Part 4 reviews some major characteristics of older people living in Montana. The characteristics discussed are outlined in the conceptual model which provided the background for this study (see Fig. 2-1 in Part 2). Because our hour-long interviews with a sample of more than 1000 elders provided more information than can be summarized in a single report, this part focuses on selected characteristics that seem to be especially important.

The first section of Part 4 describes eight major status characteristics, including age, race, sex, marital status and household size, education, financial status (income), and occupational status. Next, there is a brief discussion of the seniors' health characteristics. Then, their places of residence--whether in the country, villages, towns, or cities--are reviewed. In Part 5, the major problems faced by elders in the State are noted. Part 6 then reviews their needs for assistance and the services utilized in meeting those needs.

Status Characteristics

Obviously, age is a key characteristic of our sample, since it is a main determinant of the status of "old age" (although what constitutes "old" has never been universally agreed upon). Following AoA guidelines, we used the age of 60 as the lower age limit for persons to be included in the population we studied. U.S. Census Bureau figures for 1980 indicate that 119,240 persons aged 60 and over live in Montana.* They constitute 15% of the total population

*We appreciate the assistance of the Research and Statistical Services Bureau, Information Systems Division, Department of Administration, Helena, MT, for providing us with 1980 Montana census data, as they became available.

of the State, up 1% from the 1970 figure of 14%. Our sample of 1191 persons drawn from this population ranges from 60 to 94 years of age. The mean age of the non-reservation sample (N= 1068) is 71 years, and the mean age of the reservation sample (N= 123) is 69 years.

The characteristic of race in the total population of persons aged 60 and over in Montana, and of our non-reservation and reservation samples, can be seen in Table 4-1. Montana's population is racially quite homogeneous, and this fact is reflected in our non-reservation sample. According to 1980 census data, 97% of all Montanans aged 60 and over are White, as is 96% of our non-reservation sample. Six out of the total of 114 older Black persons in the State were interviewed for the study, as were 32 of the approximately 900 off-reservation American Indian elders. They were 3% of our non-reservation sample. American Indians constitute about 3% of the total older population of the State, with about 2000 of them living, at least part-time, on Indian reservations. From these, our reservation sample of 123 Indian tribal members was drawn.

Table 4-1. Population and Sample Distribution by Race

	State-1980 60+ Population	Non-Reservation Sample	Reservation Sample
White	116,174 (97%)	1026 (97%)	
Black	114 (.1%)	6 (.6%)	
American Indian*			
Non-Reservation	952 (.8%)	32 (3%)	
Reservation	2,000 (2%)	4 NA	123
Total	119,240 (100%)	1068 (100%)	123

*Listed by U. S. Census Bureau as "Other Races," which for Montana refers almost wholly to American Indians.

Next, we compared the sex ratio of the state's older population with that of our non-reservation sample. As with the distribution of different racial categories, we wanted the sample to approximate the distribution of sexes in the statewide population. The 1980 Census figures for the White population aged 60 years and over in the State are:

	Male	Female
Aged 60-64	16,493 (49%)	17,221 (51%)
Aged 65+	36,051 (44%)	46,409 (56%)
Total	52,544 (45%)	63,630 (55%)

Note the difference in the sex ratio between the 60-64 age category and the 65+ age category. Since the mean age of our sample is 71, the sample should have a distribution of sexes close to 44% male and 56% female. (This happens to be the case for the reservation sample, which is 44% male, 52% female, with 4% NA--no answer because of interviewers failing to check the appropriate response.)

The non-reservation sample is more predominantly female--73% female, in contrast with 27% male. However, when the marital status of the respondents is taken into account, the discrepancy is not as large. A large proportion of men who might have been eligible because of their age, to be interviewed, were living with spouses who answered the questions instead of the men. On the other hand, women were less likely to have spouses to serve as the respondents for their households. Because the interview schedule is designed to gather information about all household members aged 60 and over, not just the respondent alone, the sex of spouses was taken into account in figuring the proportion of males to females.

At the top of Table 4-2 can be seen the number of persons in the household represented by the respondent. Only one-fourth of the 290 men in the sample lived alone, while over half of the 771 women lived in one-person households.

Table 4-2. Sex Ratio by Marital Status and by Number in Household

Number in Household	Male		Female	
One Person	76	(26%)	415	(54%)
Two Persons	183	(63%)	305	(40%)
Three or More Persons	31	(11%)	51	(6%)
Total	290	(100%)	771	(100%)
	(27% of Sample)		(73% of Sample)	
<u>Marital Status</u>				
Never Married	18	(6%)	19	(2%)
Widowed	55	(19%)	405	(53%)
Divorced	10	(4%)	46	(6%)
Married to a Male	[299] *		299	(39%)
Married to a Female	198	(70%)	[198]	
Living with a Male	[1]		1	(1%)
Living with a Female	3	(1%)	[3]	
Total	584	(100%)	971	(100%)
	(38% of Sample)		(62% of Sample)	

*The number in brackets represents the number of spouses of the opposite sex to the respondents.

The effect of this difference upon the sex ratio of the overall total number of persons represented by the respondents is shown in the lower portion of Table 4-2. When the number of male spouses of female respondents is added to the number of male respondents, the total comes to 584 (38% of the sample). The addition of female spouses to the number of female respondents brings that total to 971

(62% of the sample). This way, the sample figures differ by 6% from the statewide population proportions of 44% male and 56% female.*

According to 1978 Census figures for the United States, there were 8.4 million women over the age of 65 who were unmarried (never married, widowed, or divorced), compared with 2.3 million unmarried men. This means that, of the total number of unmarried elders in American, 79% were women and 21% men. In our non-reservation sample of Montanans, which includes persons aged 60 and above, there are 553 unmarried respondents. Eighty-five percent of them are women and 15% men. At the same time, we found that 85% of the 493 respondents who live alone are women and 15% are men. These are not necessarily the same people, however, since not all of those who live alone are unmarried (22 married respondents live alone because their spouses are in nursing homes). Nor do all unmarried persons live alone, since some live with children, grandchildren, other relatives, or with friends.

As Table 4-3 shows, 46% of the total non-reservation sample live alone, while another 44% live with their husband or wives. Some of these households also include children or other relatives (making the total of the percentages greater than 100%). Note the difference between the non-reservation and reservation samples, in proportions of respondents living alone, or living with children and grandchildren. Only 11% of the reservation sample live alone, while 66% of the reservation sample live with their immediate family members.

*Since not all of the assigned interviews were completed, the difference in sex ratio between the State's older population and our sample is to be expected. This, and the discrepancy between the population and sample proportions of urban and rural residents, are taken into account as much as possible during our analysis of relationships described in Part 6.

In contrast, while only 10% of the non-reservation sample live with children and/or grandchildren, nearly half live alone.

Table 4-3. Household Composition

Respondent Lives With:	Non-Reservation	Reservation
Alone	493 (46%)	14 (11%)
Husband or Wife	474 (44%)	70 (57%)
Children	79 (7%)	31 (25%)
Grandchildren	31 (3%)	50 (41%)
Parents, Brother, Sister, In-Laws	20 (2%)	3 (2%)
Non-Relatives	14 (1%)	2 (2%)

The level of education is another characteristic that we investigated. Among those in the non-reservation sample, 29% had finished 8 years or less of schooling. Another 17% had completed 9-11 years of school, and 23% had finished high school. Twenty percent had continued their education with technical training or 1-3 years of college, and 11% had finished 4 years of higher education, and, in some cases, postgraduate education. Women are a little more likely to have finished high school than are men, since the mean number of years of education for women is 12 years, while for men it is 9-11 years.

Education is related to some extent to the income category in which respondents found themselves at this stage in life ($r = .312$, with a probability level = .000). Whether the relationship between education and income was stronger before retirement had affected the amount of many respondents' incomes would be interesting to know.

However, that could not be determined from our data. We were mainly concerned with their income level at the present time. This is a major characteristic expected to be related to needs for services and participation in Aging network programs.

Since older people are often reluctant to reveal their level of income, our interview schedule was designed to ensure as much confidentiality as possible. As a result, the response rate in most of the Aging Areas is quite high. Each respondent was given a card containing seven income categories labeled A through G, and was instructed to tell the interviewer which letter best described his income category. This letter was marked on a page in the interview schedule which has no dollar amounts listed on it. Since amounts of money in the seven categories vary across 12 different cards, the interviewers were not likely to remember the specific amount of money to which a particular respondent had referred.

The 12 cards are designed to represent variations in poverty income levels, as determined by guidelines set by the Community Services Administration of the U. S. government.* These guidelines take into account family unit size and place of residence. Every interviewer was given two sets of six cards each--one set for use in rural places (under 2,500 residents) and one set for use in urban places (2,500 residents or more). Which of the six cards was then used depended upon the number of persons in the household who lived on the same income as the respondent. On all 12 cards, the lowest income level--Category A--always referred to the poverty line

*As listed in Older American Reports, Vol. 5, No. 10, March 11, 1981.

set by the Community Services Administration guidelines for that type of place and size of household unit. (The income category cards are reproduced in Appendix D.)

The proportions of respondents from each of the seven Aging Areas in the State, falling into the seven income categories, are listed in Table 4-4. This table delineates the distribution of respondents in each of the different income categories, ranging from A--poverty-level--to G--\$30,000 a year and above.

Note the difference in the percentages of respondents in Category A, which ranges from 17% in Area II (based on 162 responses), to 30% in Area VII, the reservation sample (based on 50 responses), to 36% in Area V (based on 47 responses). Of the total non-reservation sample, the 22% that fall in income Category A had poverty-level incomes.*

In general, the highest percentages of respondents in each Area are in Category B--only one level above the poverty line. The percentages in the other categories decrease as income levels increase.

*1975 Census figures for the United States indicate that 20% of the 60+ aged population is at poverty level; given the recent state of the economy, it is very possible that the 1980 Census data will show an increase to 22% of the 60+ aged population at poverty level, as our sample would suggest.

Table 4-4. Income Categories by Area

Income Category	Area							Total	VII
	I	II	III	IV	V	VI			
A	23 (23%)	28 (17%)	51 (21%)	42 (23%)	17 (36%)	42 (23%)	203 (22%)	15 (30%)	
B	38 (38%)	51 (32%)	65 (26%)	51 (28%)	14 (30%)	54 (30%)	273 (30%)	29 (58%)	
C	19 (19%)	34 (21%)	48 (20%)	34 (18%)	11 (23%)	44 (24%)	190 (21%)	4 (8%)	
D	7 (7%)	28 (17%)	41 (17%)	31 (17%)	3 (6%)	24 (13%)	134 (14%)	1 (27%)	
E	3 (3%)	7 (4%)	15 (6%)	15 (8%)	0 (0%)	11 (6%)	51 (6%)	1 (2%)	
F	5 (5%)	10 (6%)	16 (6%)	8 (4%)	0 (0%)	6 (3%)	45 (5%)	-- --	
G	4 (4%)	4 (2%)	9 (4%)	4 (2%)	2 (4%)	2 (1%)	25 (3%)	-- --	
Responses	99	162	245	185	47	183	921	50	
NA	28	22	14	20	41	22	147	73	
Total	127	184	259	205	88	205	1068	123	

As would be expected, amount of income is related to sources of income. Among those in the non-reservation sample, 86% received Social Security; 56% had personal savings; 34% had other private assets; 27% received pensions; 20% earned wages; 10% received disability payments; 6% received Veterans' benefits; and 4% received Supplemental Security Income (SSI). Table 4-5 shows the income categories (with E-G combined because of the smaller numbers of respondents in these higher income categories) for respondents with different sources of income. The income sources have been combined into four main types:

Table 4-5. Income Sources and Income Levels

Income Category	Sources of Income			
	Only SS	SS + SSI	SS + Other	No SS
A (N=203)	64 (44%)	26 (81%)	96 (15%)	17 (15%)
B (N=273)	47 (33%)	3 (9%)	201 (32%)	22 (19%)
C (N=189)	24 (17%)	0	145 (23%)	20 (17%)
D (N=133)	6 (4%)	1 (3%)	103 (17%)	23 (20%)
E-G (N=118)	3 (1%)	2 (6%)	80 (13%)	33 (29%)
Total (N=916)	144 (100%)	32 (99%)	625 (100%)	115 (100%)

1) Social Security as the only source of income; 2) Social Security plus Supplemental Security Income (SSI); 3) Social Security as well as other sources, such as personal savings, Veterans' benefits, retirement pensions, disability payments, or income from assets, such as dividends, insurance policies, stocks and bonds, and so on; and 4) other sources of income, but no Social Security.

What stands out in this table is the difference that having a source of income in place of, or in addition to, Social Security (and SSI) makes in raising income level. Of the 144 persons for whom Social Security is the sole source of income, 44% are at poverty level, as are 81% of those who get SSI along with Social Security. Three out of four of those living on Social Security alone are in the two lowest income brackets. Ninety percent of those receiving Social Security and SSI are in the lowest two income levels. For a

single person living in a city, this would mean an annual income of no more than \$7,000.

In contrast, only 15% of those with other sources of income in addition to Social Security or in place of Social Security were at poverty level. Thirty percent of those with sources of income in addition to Social Security, and 49% with no Social Security but with other income sources such as wages are in Categories D and E-G (middle income and above).

Given the predominance of Social Security as a means of support, it is not surprising that the most common occupational status is "retirement". Eighty-three percent of the non-reservation sample was "retired" or "not employed and not seeking work" (which includes housewives), and another 4% had retired on disability. Only 6% were employed full-time, and an additional 6% had part-time employment. The occupational status of spouses is similar to that of the respondents themselves. Just under half of the respondents were married; 19% of the spouses of the married respondents were employed full-time or part-time and the remaining 81% were retired, retired on disability, or were housewives. The average number of years that men in the sample had been retired is 13, and women had been retired for an average of 15 years.

Health Characteristics

An individual's state of health affects almost every other aspect of his or her life, no matter what the age. With advancing years, this effect often becomes even more apparent, as physical capabilities once taken for granted become a problem, or as declining health makes it more difficult to care for oneself. When this happens, older persons may find themselves in need of help with personal care, household chores, meals or other kinds of assistance at home.

If poor health makes it harder to get out and about on their own, they may need escort service or help with transportation. And how well they feel could be expected to have a bearing on how much they participate in community activities and Aging programs.

Because of the importance of health to seniors' everyday lives, one of the major concerns of the needs assessment survey was to ascertain the general state of health typical of older Montanans. The interview schedule contains six questions which are "objective measures" of the respondents' state of health and that of their spouse or other 60+ aged household resident. They were asked the number of days during the past year that they (or their spouse) had been too sick to carry on their usual activities; whether they had had a major injury or serious illness in the last five years; how often they had seen a doctor during the past year; how many different times they (or their spouse) had been in a hospital overnight during the last 12 months; the reason for their hospitalization; and whether they (or their spouse) had been a patient in a nursing home, extended care, or rehabilitation center during the last 12 months.

In addition, there are several "subjective measures" of the respondents' perceptions of their state of health. These questions include: "In general, how is your health now (and your husband/wife's health)--would you say excellent, good, fair, or poor?," and "How much does your health (and the health of your spouse or other 60+ household resident) stand in the way of your doing the things you want to do--not at all, some, or a great deal?"

The responses to the first set of questions suggest that good health is typical of a sizeable portion of older Montanans--at

least, this is the case with respect to our sample. Fifty percent (535) of the respondents had not been sick any days during the past year, nor had 224 of the 503 spouses (44%) been ill. Another 15% of the respondents, and an equal percentage of spouses, had been sick for less than a week. Forty percent of the respondents had been to see a doctor a few times, while almost that many (36%) had gone to the doctor either once or not at all during the past year. The vast majority (75%) had not been hospitalized, nor had three-fourths of their husbands or wives.

On the other hand, almost half of the sample (46%) had had a major injury or serious illness in the previous five years. During the last 12 months, 125 (12%) of the respondents, and 11% of the spouses, had been ill for from one week to one month. Close to 17% of both respondents and spouses had been sick for more than a month during the preceding year, meaning that more than one-fourth of them had been sick for more than seven days in one year. Almost one-fourth (23%) of both respondents and spouses had been in the hospital at least once, and about one-fourth (24%) had gone to the doctor more than once a month during the previous year.

Overall, then, a significant proportion of the sample can be characterized as having good health, as indicated by such objective measures as lack of illness and little or no required medical attention. There were others who were not so fortunate, however. According to the objective measures, about one in four had poorer health. Because of this, there was a good chance that they had needed some kind of assistance during the past year. Assistance may have been provided by relatives, friends, paid helpers, or agency

personnel--or their needs for help may have gone unmet.

Referring to criteria such as length of illness or frequency of having to see a doctor is one way of judging people's health and thereby predicting whether they may have a need for some kind of help such as, home nursing, homemaker services, personal care, escort service, or someone to check on them. Assuming that most observers would view the situation the same way, the need for assistance can be said to be "objective" (as noted in the conceptual model shown in Fig. 2-1 in Part 2).

Such objective needs may or may not be the same as needs "perceived" by the persons concerned. Needs that objectively seem to exist need not be seen that way by the individuals in question. Or people may feel that they need help even though others would not agree that the need is "real." Most of the time, however, objective and perceived needs tend to coincide.

Similarly, we would expect people's perceptions regarding their personal health to reflect the state of their health as measured by objective criteria. That this is in fact the case is suggested by the significant correlation between the length of illness and the combined personal ratings of health and health effect ($r = .431$, significance = .000). The combined subjective measures correlate with frequency of doctor visits ($r = .292$, significance = .000) and with having a serious illness or major injury in the past five years ($r = .265$, significance = .000).

These relatively high correlations show that there is correspondence between the state of health indicated by objective measures and the respondents' personal perceptions regarding their health.

If the correspondence had been perfect, though, the correlation coefficients would have been $r = 1.00$. Instead, it is apparent that how individuals rate their health cannot always be judged by objective criteria. For instance, some respondents who said they had not been sick or had not sought medical care rated their personal health as "fair" or "poor", while several who had been ill for a week or more rated their health as "good".

Since it seemed likely that personal perceptions of health would affect the level of participation in Aging programs and services, we focused particular attention on the two measures of the respondents' subjective evaluations regarding their health.* Table 4-6 shows the number of people in each Aging Area who rated their own health (and the health of their spouse, if they had one) as "excellent", "good", "fair", or "poor". Variations across the seven Areas in the percentages of people in each category can be seen in Table 4-6. Totals for the non-reservation sample are shown in the next to last column. Note that over half of these respondents had excellent or good health, in their own view. Thirty-nine percent rated their health as fair or poor, and the health of 46% of the spouses was viewed as being fair or poor.

The reservation sample (Area VII) is very comparable to the total non-reservation sample in its distribution of respondents in the four

*The two measures of personal ratings of health and of its effect on activities were combined into an index of personal perceptions of health. As will be seen in Parts 5 and 6, this index is more highly correlated with ratings of different types of problems than are the objective measures of length of illness or frequency of visits to the doctor. And viewing health as a problem is more highly correlated with various types of needs for services than are the objective health measures.

Table 4-6. Personal Rating of Health (and Spouse's Health) in Different Aging Areas

Rating Of Health	Area													
	I		II		III		IV		V		VI		Total I-VI	
	Self	Sp	Self	Sp	Self	Sp	Self	Sp	Self	Sp	Self	Sp	Self	Sp
Excellent	21 17%	6 10%	34 19%	7 9%	34 13%	9 10%	28 14%	7 7%	13 15%	5 17%	27 14%	9 9%	157 15%	43 10%
Good	54 43%	21 36%	81 45%	37 48%	119 46%	40 44%	92 45%	42 45%	40 46%	11 36%	96 48%	47 48%	482 46%	198 44%
Fair	42 34%	21 36%	50 27%	23 30%	82 32%	33 36%	69 34%	31 33%	25 28%	8 27%	58 29%	32 33%	326 31%	148 33%
Poor	7 6%	10 17%	17 9%	10 13%	22 9%	9 10%	16 8%	14 15%	9 10%	6 20%	18 9%	10 10%	89 8%	59 13%
Total	124 100%	58 100%	182 100%	77 100%	257 100%	91 100%	205 100%	94 100%	87 100%	30 100%	199 100%	98 100%	1054 100%	448 100%
													118 100%	81 100%

categories. It differs in one noticeable respect: 70% of the spouses were seen as having good health, in contrast to 44% of the spouses in the Area I-VI sample.

To see what effect health had had on their activities, we asked how much their health had stood in the way of their doing the things they wanted to do. The pattern of responses, ranging from "not at all" to "a great deal," is indicated in Table 4-7. Over 40% of the total number of non-reservation respondents said that their health had not stood in their way at all, with percentages in the different Aging Areas of 35% to 51%. Slightly more than one-third said that their health, and about one-third said their spouse's health, had had some effect on desired activities. About one in five in the total non-reservation sample said that their health, and/or their spouse's health, had stood in their way a great deal.

The distribution of responses from Area VII is somewhat different from that of the non-reservation sample. A higher percentage from Area VII (64% compared with 43% from Areas I-VI) said that health had not stood in their way at all, while the percentage of reservation respondents and spouses whose health had had a great deal of effect upon their activities is about 10%, compared with about 20% from Areas I-VI.

As Tables 4-6 and 4-7 demonstrate--and as many observers of older Montanans can verify--being over the age of 60 does not mean that activities necessarily have to be curtailed, or that poor health always accompanies advancing years.* Still, over half (57%) of those

*Age has a relatively weak correlation ($r = .131$) with the index that measures perceptions of self and spouse's health. This is a statistically significant correlation, but it is not high enough to show much of a relationship between number of years lived and state of health.

Table 4-7. Extent to Which Own Health (and Spouse's Health) Affects Activities

Health Stands In The Way	Area															
	I		II		III		IV		V		VI		Total I-VI		VII	
	Self	Sp	Self	Sp	Self	Sp	Self	Sp	Self	Sp	Self	Sp	Self	Sp	Self	Sp
Not At All	61 51%	28 53%	82 48%	44 58%	97 38%	44 44%	76 38%	39 43%	39 48%	10 35%	87 44%	51 50%	442 43%	216 47%	65 64%	48 79%
Some	34 28%	12 23%	47 27%	26 30%	104 40%	40 40%	88 43%	37 41%	26 32%	14 48%	65 33%	29 29%	364 35%	158 34%	26 26%	7 11%
A Great Deal	25 21%	13 24%	42 25%	18 20%	56 22%	16 16%	38 19%	15 16%	16 20%	5 17%	45 23%	21 21%	222 22%	88 19%	10 10%	6 10%
Total	120 100%	53 100%	171 100%	88 100%	257 100%	100 100%	202 100%	91 100%	81 100%	29 100%	197 100%	101 100%	1028 100%	462 100%	101 100%	61 100%

in the total non-reservation sample felt that their health had prevented them from doing all of the things they would have liked to do. at least to some extent. The respondents who rated their health as poor or fair, and who felt that it had affected their activities, were also likely to see health as an important problem.* In fact, health was the problem considered most serious by the largest proportion of those interviewed, as reported in Part 5 which deals with problems faced by Montana's elders. The impact of health on the needs for services and on participation in various Aging programs is discussed in Part 6.

Place of Residence

Montana is the fourth largest state in the country in terms of land area, but it is one of the least populated. The 1980 Census counted a total population of 786,690 in the State as a whole-- fewer people than live in metropolitan areas in many other states. But even with all of its wide-open space, Montana's population is not predominately rural, at least according to U. S. Census Bureau definition. Forty-seven percent of the population (370,288 persons) live in rural areas--which are defined by the Census Bureau as places with fewer than 2,500 residents. Fifty-three percent of the population (416,420 persons) live in urban areas--places with more than 2,500 residents.

Until additional census information is made available, we cannot be sure whether the rural-urban percentages of the population as a whole apply as well to the portion of the population aged 60 years

*There is a strong relationship between the combined measures of perceptions of health and the personal rating of how serious a health problem had been to elders ($r = .562$, significance = .000).

and over. It may be that the proportion of older people living in urban areas is higher than 53% because of a tendency to "move to town" from the country after retirement or after losing one's spouse. Fifty-seven percent of our non-reservation sample live in towns or cities. Forty-three percent of the respondents from the non-reservation sample live on farms or ranches, in the open country but not on a farm or ranch, or in villages of fewer than 2,500 people. (As would be expected, the reservation sample is almost totally rural, except for 10% of the respondents who are from a town with more than 2,500 residents.)

To take into account variation within each category, we further separated "rural" and "urban" into two sub-categories each. Rural places of residence are divided into two types: country--which includes everyone living on a farm or ranch, or in the country but not on a farm or ranch; and villages--small settlements of fewer than 2,500 residents. Urban places of residence include: towns--communities of 2,500 to 25,000 people; and cities--communities of 25,000 or more and their suburbs.

Table 4-8 shows the numbers of respondents who live in the four different types of locations, for the sample as a whole and for each of the seven Aging Areas. In looking at the figures in Table 4-8, it should be kept in mind that the total non-reservation sample was drawn on a statewide basis, and that a sizeable number of interviews were completed in each of the four types of places of residence. Therefore, looking at the distribution of respondents overall is more useful than is focusing on any particular Aging Area, unless a high percentage of interviews were completed for the Area.

Table 4-8. Place of Residence by Area

Type of Place	Area						Total I-VI	VII
	I	II	III	IV	V	VI		
In the Country (Farm or Non-Farm)	1% (1)	9% (16)	3% (8)	10% (21)	5% (4)	39% (79)	12% (129)	22% (26)
Village (Less than 2,500)	32% (41)	26% (48)	44% (113)	30% (62)	36% (32)	19% (39)	31% (335)	68% (83)
Town (2,500 - 25,000)	66% (84)	14% (25)	13% (33)	44% (89)	40% (35)	29% (60)	31% (326)	10% (12)
City (25,000 or More)	1% (1)	51% (95)	40% (105)	16% (33)	19% (17)	13% (27)	26% (278)	-- --
Total	100% (127)	100% (184)	100% (259)	100% (205)	100% (88)	100% (205)	100% (1068)	100% 121

In Areas where more than half of the assigned interviews from certain counties are missing, the proportions of respondents from different types of places cannot be taken as representative of the distribution of the older population in that Aging Area as a whole.

By looking at the last two columns in Table 4-8, we can see that 12% of the total non-reservation sample live in the country, compared with 22% of the reservation sample. Thirty-one percent of the non-reservation sample live in villages, with another 31% in towns, and the remaining 26% in cities. Sixty-eight percent of the reservation sample live in villages and the other 10% in towns. In the non-reservation sample, the percentages of those living in the country varies across the different Aging Areas, from 1% in Area I to 39% in Area VI. The percentage living in villages is highest in Area III (44%) and lowest in Area VI (19%). In towns, the percentages range from 13% in Area III to 66% in Area I; in

cities, Area II has the highest percentage (51%) and Area I the lowest percentage (1%).

The reason for noting whether the place of residence is urban or rural is because it seemed likely that this factor would influence the kind of characteristics typical of older residents. In addition, the type of place of residence is an important variable because of its effect upon the level and kinds of services available to older residents. Generally speaking, people in urban communities would be expected to have access to a wider range of programs and other sources of assistance than would residents of rural areas. So, we expected to find variations across the four types of locations in terms of population characteristics, needs for services, and levels of participation in Aging programs.

Among the major characteristics associated with program participation and needs for assistance are household size (whether or not the elder lived alone); income category; and state of health. The distribution of these three personal characteristics in each of the four types of residential locations is shown in the following three tables.

Table 4-9. Household Size in Different Types of Places

Number in Household	Place of Residence			
	Country	Village	Town	City
One Person	36 (28%)	166 (50%)	168 (52%)	123 (44%)
Two Persons	74 (57%)	147 (44%)	137 (42%)	132 (48%)
Three or More Persons	19 (15%)	20 (6%)	21 (6%)	22 (8%)
Total	129 (100%)	333 (100%)	326 (100%)	277 (100%)

$$\chi^2 = 27.842 \text{ with 6 degrees of freedom. Significance} = .000$$

Table 4-9 indicates that there are significant differences in the number of persons in the household, depending upon the type of place of residence at which we are looking.* Half of the respondents from villages or towns live in single-person households (and, of course, a high percentage of these are women, as discussed previously). In the country, on the other hand, over two thirds of the respondents live with others, usually spouses, and in 15% of the cases, also with children. The 44% of respondents from cities who live alone is lower than the 50% from villages or towns, but both figures are higher than the 28% from the country who live alone.

Since it is not likely that something about living in small or medium-sized communities increases the probability of widowhood, it may work the other way around: the probability of going to live in a village or town increases after people become widowed. Whatever the cause, there is a high proportion of single-person households in these types of communities. Later in the report, we point out that the number of persons in the household affects the level of participation in some Aging programs (for example, going to Senior Centers is related to living alone). Given the higher proportions of single elders in villages and towns, is that where the rate of participation in Senior Centers is the highest? This is one of the questions we address in Part 6.

*The chi-square statistic (χ^2) indicates whether the variables are related or are statistically independent, but it does not give information regarding the strength of the association, in part because of the influences of sample size and table size. A significant level = .000 implies that a systematic relationship exists between the variables, since there is less than one chance in a thousand that the chi-square value shown was obtained as a function of chance.

Table 4-10. Income Level Differences in
Different Types of Places

Income Category	Place of Residence			
	Country	Village	Town	City
A	23 (20%)	48 (16%)	85 (32%)	46 (19%)
B	31 (26%)	93 (31%)	68 (26%)	81 (34%)
C	22 (19%)	74 (25%)	52 (20%)	42 (17%)
D	21 (18%)	49 (16%)	26 (10%)	38 (16%)
E-G	20 (17%)	36 (12%)	31 (12%)	34 (14%)
Total	117 (100%)	300 (100%)	262 (100%)	241 (100%)

$\chi^2 = 33.918$ with 12 degrees freedom. Significance = .000.

Just as there are variations in sizes of households in the different types of locations, there are differences in income levels in the four types of places. As explained previously, income categories are labeled A-G, with the actual dollar amounts in each category varying according to the number of persons living on that income. (Examples can be found in Appendix D). In every case, Category A refers to incomes at or below the officially designated poverty-level. As can be seen in Table 4-10, there are significant differences in the distribution of income levels in each of the four types of places of residence. Of particular interest are the differences in the proportions of respondents in income Category A--poverty-level. Villages have the lowest percentage (16%), followed by cities (19%) and country (20%). The highest percentages of people living at poverty-level are in towns, where one out of

three respondents is in Category A. Since there is a relationship between low income and certain needs for assistance in Part 6, we then look at the question: Are differences in poverty levels in different types of places reflected in variations in the use of Aging programs and services in the different types of communities?

Table 4-11, Location of Residence and Perception of Self and Spouse's Health

Index of Self and Spouse's Health	Place of Residence				
	Country	Village	Town	City	Total
Excellent or Good Health	35	99	114	93	341
No Effect on Activities	(28%)	(31%)	(36%)	(34%)	(33%)
Good Health	31	76	76	59	242
Some Effect-Activities	(25%)	(24%)	(24%)	(22%)	(24%)
Fair Health	35	62	47	54	198
Some Effect- Activities	(29%)	(20%)	(15%)	(20%)	(19%)
Fair or Poor Health	22	77	75	66	240
Great Deal of Effect	(18%)	(25%)	(24%)	(24%)	(24%)
Total	123	314	312	272	1021
	(100%)	(100%)	(100%)	(100%)	(100%)

$\chi^2 = 11.820$ with 9 degrees of freedom. Not significant.

The third variable in which we were particularly interested is health. It almost goes without saying that the seniors' state of health is a major variable that can affect the need for various kinds of assistance, such as home nursing, personal care, or homemaking help. In Table 4-11, the distributions of different ratings of health in the four types of places of residence are shown. On the left-hand side of Table 4-11 are the respondents' ratings of how good is their and their spouses' health. This is combined with ratings of the

amount of effect their health had on their activities, to create an index of health (the subjective measure mentioned previously).

Since state of health is such an important variable, it is interesting to note that there are not any significant differences in the distribution of different levels of health among the four types of places of residence.* In each type of location, around one-third of the residents rated their health as excellent or good; about one-fourth said that their health was good, but that it did have some effect upon their activities. The rest of the respondents (about 45%) in each type of place rated their health as fair or poor, and indicated that their state of health had had some effect or a great deal of effect upon their activities. These, then, are the older persons who are likely to have needed assistance of some kind, as a result of their poor health. In the absence of any significant differences in the proportions of those in poor health among the different types of places, it would appear that the level of needs for such services will be comparable in each type of community!

The four types of places of residence defined in our study are composites of all localities of comparable size in each of the six Aging Areas. Thus, a given type of place can be assumed to be representative of others of similar size located throughout the State, in terms of having roughly similar population characteristics and at least somewhat comparable needs for services.

In Part 6 of this report, we will show that a number of personal

*This is shown by the fact that the chi-square statistic (χ^2) is not significant, which indicates that the variations in percentages are likely to have occurred by chance. Thus, it must be concluded that there is not a systematic relationship between state of health and place of residence.

characteristics (age, state of health, income, and household size, in particular) are associated with differences in seniors' needs for assistance and their levels of participation in Aging programs. Then, we report on whether these relationships are affected by differences in the four types of residential location. When this is the case, the information from the sample can be used to predict the level of needs for services or use of Aging programs in places similar to those included in the sample.

Before we turn to the discussion of the seniors' needs for assistance and their levels of participation in Aging programs in different places throughout the State, we will focus briefly on the kinds of problems identified by elder Montanans. Therefore, in Part 5, we will describe the relationships between several major characteristics and the kinds of problems important to some older people. Then, in Part 6, we will see how certain characteristics and problems are related to the elders' needs for services.

Part 5

SOME GENERAL PROBLEMS OF OLDER MONTANANS

We have just reviewed 10 important characteristics of Montana residents aged 60 and over who were interviewed during our study. From these observations, we can make some generalizations about what older Montanans are like on the whole, as far as income, health, marital status, and several other major characteristics are concerned.

The interviews also provided information about the kinds of things the respondents regard as problems for them. This information is of particular interest, first, because we expected the kinds of problems seniors have to be related, among other things, to their personal characteristics; and, second, because their problems are likely to be reflected in various needs for assistance. Persons in poor health who say that their health is an important problem to them, or those with low incomes who regard "money" as their most serious problem, provide obvious examples of the relationship between personal characteristics and perceived problems. Still, not all people with identical income levels or health characteristics view them in the same way, so that what is problematic for some may be taken for granted by others. These differences may help to explain some of the differences in utilization of services by elders with similar characteristics.

One objective of this research, therefore, was to find out what matters older Montanans perceive as problems. Then, we looked at personal characteristics related to these problems and investigated the relationship between the perception of certain problems and some kinds of needs for services. In the conceptual model for this study,

discussed in Part 2, general problems are viewed as "intervening variables," meaning that these variables make a difference in the relationship between the independent variables (personal characteristics) and the dependent variables (Aging program participation and needs for services). For example, having a low income may of itself lead to regular participation in Senior Transportation Services. But, according to this model, the likelihood of the use of Senior Transportation should be increased when those with a low income perceive it as an important problem.

In Figure 2-1, Part 2, several broad categories of problems are noted. The first category includes different kinds of problems that stem from "status changes," such as changing marital status (becoming widowed, for example); changing occupational status (becoming retired); or changing financial status (having less income or having to deal with legal matters such as inheritance, wills, and so on). We have already described our sample in terms of these status characteristics; later in this part of the report, we will discuss the general problem areas associated with different ones.

Social isolation and physical isolation are two other categories of problems. The first refers to being cut off from other people socially, which can cause loneliness, while the second refers to physical difficulties in getting out of the house because of the lack of transportation and/or due to physical disabilities or illness. Poor physical health or emotional health are also listed in the model as general types of problems some older people might have.

The interview schedules contain a number of measures of these different categories of problems. Several of the findings regarding factors that might contribute to social isolation or physical

isolation are reviewed in the next sections of Part 5. Then, findings regarding 11 possible problems are described for the sample as a whole, and the distributions of the five main types of problems in each of the seven Aging Areas are given. Part 5 concludes with a summary showing the interrelationships among five important problems; the interrelationships among seven major personal characteristics; and the relationships between characteristics and the main types of problems.

Social Isolation

To be socially isolated from other people means that close personal relationships are lacking, that the individual feels alone and lonely. This can happen at any age, but it often seems to be accentuated in later life by losses of family members and friends. In the non-reservation sample, 43% were widowed and another 5% divorced, so that almost half were currently without a spouse. To add to this fact, nearly two out of three (63%) had experienced the death of a close family member or friend, other than their spouse, in the last five years.

When the respondents were asked about different problems, loneliness was one of the five mentioned most frequently. Almost one-fourth of them said that loneliness was some problem or a very important problem, and 2% identified loneliness as their most serious problem from a list of 13 possible problems.

A more positive picture emerges when we look at these figures another way, however. Seventy percent of the elders interviewed reported that loneliness was not a problem for them. Further, social isolation did not seem to be very prevalent, judging from the amount of interaction they had had with family and friends. A majority (55%) reported they had talked almost every day with their children or other relatives, in person or on the telephone. Another 23% had talked

with relatives about once a week, and 14% had several times a month. About two-thirds (65%) of the respondents had children or other relatives living in the same community as they did, and another 19% had relatives living less than 500 miles away in Montana or in a nearby state. Only 13% of them generally talk with relatives less often now than they used to; 62% are in touch about the same as before; and 22% see or talk with relatives even more often now.

In addition to their contacts with family members, 42% of the seniors reported that almost every day they visited with friends or neighbors in their homes or went out together. Another 35% spent time with friends about once a week, and 14% got together with friends several times a month. Seventy-six percent belonged to at least one organization, such as church, lodge, or club, and almost half (47%) were members of a local or national organization for older citizens.

Most also maintained an interest in local and national affairs. Eighty-six percent watched the news on television every day, and 70% read the newspaper daily. A far greater majority had voted in the last national election (81%) than was the case for the population of the country as a whole. Less than one out of 10 (9%) viewed their community as just a place to live; all of the rest agreed that they felt they were really a part of their community!

Physical Isolation

Several questions on the interview schedule measure aspects of physical isolation, the state of being kept apart from people and activities outside of the household because of difficulties in getting out. The general consensus of the respondents was that they did not have a problem getting places; only 10% reported otherwise. When asked later in the interview about various types of problems in general, a slightly larger percentage (17%) stated that transportation was some

kind of problem or a very important problem for them. Three percent stated that transportation had been their most serious problem.

Another measure of the problem of isolation is the question: "Are you able to get to the places you need to as often as you'd like, most of the time, or not nearly as often as you need to?" In response, 65% replied that they could get places as often as they needed to, 27% most of the time, and 8% had not been able to get places nearly as often as they had needed to. Among the reasons given for their difficulty in getting places are: weather conditions (14%), poor health or disability (8%), having to bother other people when a ride is needed (7%), and expense of owning or driving a car or using public transportation (6% of the total sample).

When asked what kind of transportation would meet their needs, those who had acknowledged a problem in getting places were equally divided in answering that they would like to drive their own car (6%), ride with relatives and friends or use public transportation or taxis (6%), or use Senior Transportation Services (6% of the total sample).

One reason that transportation was not a major problem for a majority of the seniors is because so many used their own cars to go places. Almost three-fourths (71%) of the sample drove their own cars when they were going someplace. The second most frequently named means of getting places was riding with family members, friends, and neighbors--this was mentioned by 45% of the sample. Twenty percent walked or rode a bicycle, and 16% used public mass transportation or taxis. Senior Transportation Services were referred to by 18% of the respondents as one of the ways they went places.*

*These figures come to a total of more than 100% since respondents could name more than one means of transportation they used. So, some of those with their own cars might also use Senior Transportation Services, ride with friends, take the bus, or walk instead of driving themselves.

Overall, then, isolation does not appear to have been a problem for a large majority of elder Montanans, since two-thirds stated that they could get places as often as they needed to. Of course, this fact does not help those for whom transportation is a problem. They might be helped by gaining access to Senior Transportation Services. The importance of such services is pointed out by the fact that 18% of the sample are currently using Senior Transportation Services, and 6% said they would like to have this service, or already use it but would like to have it improved or expanded. This means that one out of four older persons (24%) look to Senior Transportation Services to provide the means to get them places in their communities.

The Importance of Different Kinds of Problems

Each of the respondents was read a list of 13 areas "that people say are problems for older Americans." They were instructed to say which, if any, was a problem for them, and how much of a problem it was. If more than one was identified as a "very important problem," they were asked which was their "most serious problem."

The list of 11 different types of problems can be seen in Table 5-1.* The problems are presented in order of their importance to the largest proportion of respondents. It is clear that health is seen as the major problem, since over half (54%) viewed it as some problem or a very important problem, and 14% rated health as their most serious problem.

Six percent of the sample stated that money is their most serious problem, and, altogether, 28% viewed money as some problem or as a very

*Eleven rather than 13 problem areas are listed because "racial discrimination" and "educational/employment opportunities" were named as problems by less than 1% of the sample.

Table 5-1. General Problems

Type of Problem	No Problem	Some Problem	Very Important Problem	Most Serious Problem*
Health	43%	35%	19%	14%
Income (Money)	69%	19%	9%	6%
Transportation	79%	11%	6%	3%
Understanding Legal Matters	63%	27%	4%	2%
Loneliness	70%	19%	5%	2%
Securing Fuel and/or Energy	83%	9%	3%	1%
Crime	83%	6%	1%	--
Spare Time Activities	84%	7%	2%	--
Age Discrimination	85%	3%	1%	--
Nutrition and Food	89%	5%	1%	--
Housing	92%	2%	1%	--
No Serious Problem	69%			

*The figures in the four columns do not sum to 100% because the rating of a problem as "most serious" was a separate question. The figures in the other three columns would sum to 100% except for the missing data caused by those who did not answer the question.

important problem for them. Transportation is the most serious problem for 3% of the elders, with understanding legal matters and loneliness rated most serious by 2% each. The additional types listed in Table 5-1 are seen as a problem by 12% of the respondents or fewer with no more than 3% rating any one of these as a very important problem.

All told, over two-thirds of the older people interviewed (69%) reported that they did not have any serious problems, at least as far as these general types are concerned. And, with the exception of health, a majority stated that none of the types listed was a problem for them!

On the other hand, four other types of problems, besides health, were mentioned by a sizeable number of the respondents. These are

money, transportation, understanding legal matter, and loneliness. Table 5-2 gives the percentages of seniors in each of the seven Aging Areas who named one or more of these as a problem for them.

Table 5-2. Main Types of Problems in Each Aging Area *

Type of Problem	Aging Area							Total	VII
	I	II	III	IV	V	VI			
Health	61 (48%)	95 (52%)	146 (56%)	114 (56%)	47 (53%)	115 (56%)	578 (54%)	46 (37%)	
Money	34 (27%)	62 (34%)	62 (24%)	62 (30%)	24 (27%)	56 (27%)	300 (28%)	72 (59%)	
Trans- portation	21 (16%)	35 (19%)	46 (18%)	35 (17%)	12 (14%)	33 (16%)	182 (17%)	32 (26%)	
Loneliness	29 (23%)	44 (24%)	71 (27%)	48 (23%)	19 (22%)	50 (24%)	261 (24%)	33 (27%)	
Legal Matters	30 (24%)	47 (26%)	105 (41%)	66 (32%)	26 (29%)	55 (27%)	329 (31%)	53 (43%)	

*Ratings of "some problem" and "very important problem" are combined to make up the totals of respondents who named a particular problem.

About one-half (between 48% - 56%) of the respondents from Areas I through VI reported that health was at least some problem for them, compared with 37% of the reservation sample. In Area VII, 59% viewed money as a problem, compared to 24% to 34% of non-reservation respondents. The proportions of those for whom transportation was a problem are similar across Areas I-VI (14% - 19%), compared with 26% in Area VII. In all seven Aging Areas, loneliness was a problem, at least to some extent, for around one-fourth of the respondents (22% - 27%). Understanding legal matters was a problem for 43% of the sample in Area VII and 41% in Area III, but for only 24% - 32% in the other Areas.

It is interesting to note in Table 5-2 how similar the proportions are in Areas I-VI of those for whom health was a problem. No matter

where the respondents are from, an average of one out of two viewed health as some, or a very important, problem. The consistency across Aging Areas is remarkable, considering the wide variety in places throughout the State where interviewing was done; differences in interviewing techniques among the more than 80 interviewers who worked on the study; and incomplete samples from Areas with data missing from several counties.

We observed, in Part 4, that there are no significant differences among country, village, town, and city residents in the distributions of ratings of their state of health. Regardless of the type of place of residence, the proportions of residents with good, fair, or poor health are similar. Correspondingly, there are similar proportions of seniors in each of the non-reservation Aging Areas who regarded health as a problem for them. Although there are other differences among Areas I-VI, they have this in common: about half of the older residents in each Area had at least some problem with their health.

Problems and Their Relationships

In order to sort out all of the percentages we have just reviewed, we will use two approaches. One will focus on the total non-reservation sample as a whole, so as to get a general picture of the relationships among different kinds of problems, as well as to see which individual characteristics are associated with certain kinds of problems. Secondly, we will look at the distributions of various problems in the four types of residential locations, each of which represent places from all six non-reservation Aging Areas.

Out of 13 types listed, five general problems were named most frequently by respondents from Areas I-VI. Table 5-3 shows

the interrelationships among these five main problems and two others. Closely related to transportation as a problem is the measure of whether respondents had a problem in getting places as often as they needed. The seventh type of problem listed was measured by an index of "emotional upset."

Table 5-3. Interrelationship Among Main Problems

	Health	Money	Trans- portation	Legal Matters	Loneliness
Health					
Money	.250				
Transportation	.282	.179			
Legal Matters	.129	--	.171		
Loneliness	.231	.187	.317	.130	
Getting Places	.264	.238	.513	--	.267
Emotional Upset	.244	.219	.249	--	.428

Only zero order correlation coefficients significant at $\leq .001$ are given

If a perfect correlation (relationship) exists between two variables, the correlation coefficient (the decimal figure given) would be equal to 1.00. The closer to 1.00, the stronger the relationship; for example, .317 shows a stronger relationship than does .130 (just as 31% is closer to 100% than is 13%). Some of the correlation coefficients (r) shown in Table 5-3 are not high, but each one that is given does indicate that a relationship exists.*

*Each of the zero order correlation coefficients (r) shown have a significance level equal to or less than .001. From this we can assume that the relationships found in the sample exist in the population from which the sample was drawn, since there is less than one chance in a thousand that correlation coefficients of this size would be obtained otherwise.

As Table 5-3 makes clear, different types of problems are inter-related, so that seniors with any problems at all are likely to have more than one type. For example, note the relationship between having a problem with transportation and with loneliness ($r = .317$); between having a problem with health and with transportation ($r = .282$); and between having a problem with health and with loneliness ($r = .231$). This suggests that the three problems--poor health, needing transportation, and being lonely--are likely to accompany each other. Health and money problems are correlated ($r = .250$), probably because of the expense of medical care.

Keep in mind, when looking at the interrelationships among different problems shown in Table 5-3, that, with the exception of health, a majority of respondents reported having no problems. The sample totals in Table 5-2 indicate that no more than 17% - 31% of those in Areas I-VI regarded money, transportation, loneliness, or understanding legal matters as problems for them. Therefore, the set of problems suggested by the inter-correlations in Table 5-3 are characteristic of a minority of the elders. Still, with their multiple problems, these older people are likely to find themselves in need of assistance and are therefore of particular concern to providers of Aging services.

Given that some older Montanans have problems with money, health, and more, the next question is: What are their characteristics--what makes them different from those who do not have so many problems? The following two tables help to shed light on this question. First, Table 5-4 shows how some major characteristics of individuals are related to others. Then, Table 5-5 presents the correlations between different types of problems and personal characteristics, such as age, income level, state of health, and household size.

Table 5-4. Interrelationships Among
Personal Characteristics

	Sex	Age	Household Size	Income	Education	Illness Length	Health Index
Sex							
Age	--						
Household Size	.228	.233					
Income	.124	.209	.212				
Education	.106	.189	--	.312			
Illness Length	--	.097	--	.125	--		
Health Index	--	.131	--	.176	.203	.431	

Only zero order correlation coefficients significant at $\leq .001$ are given.

To interpret the figures given, look for the number of other variables with which any one variable (such as age) is correlated. For instance, income is correlated with all six other variables in Table 5-4. Age is correlated with five other variables; education and health (an index combining four subjective measures of health) are each correlated with four other variables; sex, household size, and illness length (an objective measure of health) with three others each.

Next, note the strength of these indicated relationships. For example, income and education are correlated ($r = .312$). So, on the whole, income category is higher as educational level goes up. The correlation between income and household size is second highest ($r = .212$). To some extent, income category is higher when there were more persons in the household, and income category is lower for persons who lived alone than for those who lived with others. Income and age

are correlated ($r = .209$) suggesting that lower incomes are likely to accompany increasing age. Not surprisingly, the highest correlation coefficient in Table 5-4 is between the length of illness and the subjective health index ($r = .431$). Thus, the more days of illness, the more likely that health is rated as fair or poor.

To summarize, from knowing about one characteristic, we can predict something about other characteristics, based on what we know about the indicated relationships among them. Age provides a good example: increasing age does not determine what other characteristics are like, but it does increase the probability that there will be more single-person households (as elders outlive their spouses) and lower income levels (as the length of retirement increases). The lower correlations between age and measures of health show that there is some relationship, albeit a lesser one, between increasing age and the likelihood of poorer health.

We can, therefore, use age as an indicator of other characteristics that are of concern to Aging services providers. This is handy since age is a population characteristic that can be readily determined from census data. The 1981 Census figures are available for different units: counties, cities, or towns. They list the number of people in various age categories--60-61, 62-64, 65-74, 75-84, and 85+. Looking at the age distribution of populations of different places, and comparing the percentages of people in different age categories living in each place, can give a better indication of other

characteristics to expect than will total population figures.*

Information about the age distribution of the older populations of different places is useful to know, since age is associated, along with several related characteristics, to certain kinds of needs for services, as Part 6 reports. For this reason, counties with comparable-size total populations of persons aged 60 and over may vary somewhat in the levels or kinds of needs for Aging services or programs because of variations in the proportions of seniors in different age categories in each county.

The next question to be asked from our data is: What relationships, if any, are there between individual characteristics and the problems some older people have? Table 5-5 indicates possible answers to this question. Each of the significant correlation coefficients shows that there is a relationship between a personal characteristic listed on the left-hand side of the chart and the type of problem noted at the top of the column.

When no correlation coefficient is given, there is not a significant relationship between the variables. Thus, it can be seen that the respondents' sex is not related to any of the types of problems: none of the problems are unique just to men or to women. Similarly, the problem of understanding legal matters is not related

*We suggest that Aging service providers contact the Department of Administration, Information Systems Division, Research and Statistical Services Bureau, Helena, MT 59620 (406-449-2896) for this information. Data on the number of persons in each category (60-61, 62-64, 65-74, 75-84, and 85+) are available for all 56 counties; for cities and towns; for sections of counties at the enumeration district level; and for block groups within towns and cities. At present, the figures are available on census tapes, and can be obtained from the office listed above; the figures are scheduled for publication in printed reports in the near future.

Table 5-5. Correlations Between Personal Characteristics and Different Types of Problems

Personal Characteristics	Types of Problems						
	Health	Money	Trans- portation	Lone- liness	Getting Places	Emotional	Legal Matters
Sex	--	--	--	--	--	--	--
Age	.142	--	.168	.165	.113	--	--
Household Size	--	--	.156	.269	.136	--	--
Income	.161	.337	.190	.188	.170	.170	--
Education	--	.125	--	--	--	.140	--
Illness Length	.417	.239	.219	.174	.262	.185	--
Health Index	.562	.286	.257	.217	.270	.297	--

Only zero order correlation coefficients significant at $\leq .001$ are given.

to any particular characteristic. This suggests that legal problems can be regarded as a problem by elders, regardless of their income level, age, household size, and so on.

Age is related to problems of health and loneliness, and to physical isolation, measured by questions that asked: 1) How serious a problem for you is transportation; and 2) How often are you able to get places that you need to? Household size (or living alone) is also related to having problems with transportation and getting places, and it is even more strongly correlated ($r = .269$) with loneliness.

Income level is related to six of the seven types of problems. Its strongest correlation ($r = .337$) is with money as a problem, which is not surprising. The measure of money as a problem is an index which combined three questions: 1) How serious a problem for you is

money; 2) At this point are your assets and financial resources sufficient to meet emergencies; and 3) Most of the time, do you find that your expenses are so heavy that you have trouble meeting your bills; are you just able to meet bills; or are your bills generally not a problem to you? These items are intercorrelated ($\alpha = .614$).

Level of education is related to only two types of problems. In each case, the correlation coefficients are lower than for the relationship between income and these problems. For this reason, income level is a better predictor of elders' problems than is educational level.

The two measures of health are related to six of the seven types of problems. Of course, the strongest correlations are with health as a problem ($r = .417$ and $r = .562$), but each of the other coefficients are among the highest in Table 5-5. This indicates the importance of the seniors' state of health in predicting whether they have related problems. One of the measures of health, the subjective health index, is correlated ($r = .297$) with the problem of emotional upset. This is measured by an index of four items regarding the frequency of having crying spells, feeling lonely or remote from other people, feeling restless and unable to keep still, and being more irritable than usual ($\alpha = .601$). This points out that feeling emotionally upset is likely to reflect the elders' perceptions of their health condition.

The relationships among different personal characteristics, shown in Table 5-4, and between characteristics and problems, shown in Table 5-5, are generally what one would expect to find, based on experience in working with older people and on previous research. Our

data confirm that these relationships exist at the individual level over the State as a whole. These results increase our confidence that our sample is representative of the population of older Montanans from which it was drawn.

At the same time, the size of the total sample, and the fact that it includes people from various types of locations, gives us a chance to compare sub-samples of elders from different types of places. This way, we can see whether the relationships that characterize individuals in the population as a whole are any different when differences in the places they live are taken into account. In other words, are the relationships we found for the total sample the same, whether seniors live in the country, in villages, towns, or in cities?

For the total sample, income level is correlated with the likelihood of regarding money as a problem ($r = .337$). This means that low-income elders are more likely to view money as a problem than are individuals with higher incomes. However, not all of those with low incomes report that money is a problem, and some whose income level is higher do regard money as a problem. Thus, the correlation is not perfect. We noted in Part 4 that over 30% of the older residents living in towns have low incomes, a higher proportion than in the other three types of places of residence (see Table 4-10). Therefore, we would expect to find that towns have the largest proportion of respondents for whom money is a problem, unless the type of place where the seniors live has an effect upon the relationship between income level and viewing money as a problem.

This does, in fact, seem to be the case. Table 5-6 indicates that there are no significant differences among the four types of

Table 5-6. Perception of Money as a Problem in
Different Types of Places

How Much of a Problem is Money	Country	Village	Town	City	Total
No Problem	90 (72%)	236 (73%)	229 (73%)	178 (66%)	733 (71%)
Some Problem	22 (18%)	59 (18%)	62 (20%)	62 (23%)	205 (20%)
Serious Problem	13 (10%)	29 (9%)	22 (7%)	31 (11%)	95 (9%)

$\chi^2 = 6.768$ with 6 degrees of freedom. Not Significant.

locations in their proportions of seniors who regard money as a problem. So, where the seniors live does make a difference--otherwise the percentage would be higher in towns. As it is, cities, village, and countryside are comparable to towns in their proportions of those who viewed money as a problem.

The same holds true for the relationship between household size and loneliness, which has a correlation of .269 for the total sample. As Table 4-9 in Part 4 indicates, there are significant differences across the four different types of places in the distributions of household sizes. The highest percentage of respondents who lived alone is in villages; as a result, one would think that loneliness would be a greater problem in that type of place than in the other three. Instead, there are no significant differences among the four types of places in the proportions of elders who report that loneliness is a problem for them. This seems to suggest that there is something about living in villages that lessens the problem of loneliness. Otherwise, we would expect to find a greater problem with loneliness in villages, given the higher proportion of elders who live alone, and given the general relationship between living alone and feeling lonely.

In Part 4, Table 4-11, shows that there are no significant differences among the four types of places of residence in terms of how seniors rate their state of health. So it is not surprising that, just as similar proportions of respondents from each type of place rate their health as good, fair, or poor, comparable proportions in each place regard their health as a problem. Or, putting it another way, residents of one type of location are no more likely than residents of a different location to say that their health is some problem, or a very important problem. Similarly, there are no significant differences among the four types of place of residence in the percentages of elders who report having problems either with transportation or with understanding legal matters.

In Part 5, we reviewed some of the main problems identified by the older Montanans interviewed for our study. We found some predictable relationships between individual characteristics and types of problems reported by respondents in the total sample. Then, we looked at the effect of different types of places of residence on the relationships between income level and money as a problem, and household size and loneliness as a problem. We found that the expected relationships are not apparent in towns or villages. This suggests that there may be something about certain types of places--such as the level of participation in Aging programs there--that helps residents with low incomes or those living alone to be less likely to name money or loneliness as problems than would be predicted by their individual characteristics. In Part 6, we will discuss the elders' needs for assistance and their levels of participation in Aging services, noting what differences, if any, there are in different types of places.

Part 6

NEEDS FOR ASSISTANCE AND PARTICIPATION IN AGING PROGRAMS

As interesting as it is to learn about the kinds of characteristics typical of older Montanans, and the types of problems of concern to certain ones, we have yet to present a picture of how those characteristics or problems are translated into needs that some have for assistance. We will now cover this topic by dealing first with the types of help or services that respondents in our sample have found themselves in need of, and then with the sources of assistance to which they turned in trying to meet those needs.

Closely akin to sources of help needed at home are the different types of Aging services available in many communities, in which seniors may participate. We will cover the respondents' perception of which programs are available in their communities, and then we will report on the level of participation of our sample in programs designed for seniors.

In the next section, we will focus on the main individual characteristics and problems of the respondents that proved to be related to needs for assistance and program participation. The relationships are shown by significant correlation coefficients in Tables 6-6 through 6-9 and Table 5-5 in Part 5. Although at first glance these figures may look confusing, a little study will reveal some clear patterns; these are outlined in the summaries which follow.

The concluding section is entitled Characteristics - Problems-Service and Program Use. The relationships summarized there provide a test of the conceptual model that is the background for this study.

From these summaries, one can tell at a glance which of the elders' characteristics are important in explaining what kinds of needs they have for assistance, and those elders who are most likely to utilize Aging services. Accompanying the summaries are descriptions of service use and levels of program participation in different types of places of residence. This is interesting because it indicates that, along with individual characteristics, the type of community affects the levels of use of some programs and services.

Following this, we address the important question: What are the implications of our findings, in terms of policy and planning, for Aging services providers? We will focus on this question in Part 7, which provides suggestions for those concerned with meeting the needs of Montana's elderly.

The Extent of Needs for Services

Asking respondents about the kinds of help or services they may have needed was a central concern of the needs assessment survey; therefore, several pages of questions in the interview schedule deal with this topic. First, the respondents were asked whether, during the past year, they (or their spouse or other 60+ aged household resident) had needed any of 14 kinds of help listed. If their response was "yes," they were asked whether they had received help or services from 1) a public/social/community agency, 2) a private paid source, 3) a member of the household, friend, neighbor, or relative, or 4) whether they needed that kind of help, but did not receive it.

If their response to the question about whether they had needed a particular kind of help was "no," they were asked, "If you did need help, would you know of a public/social/community agency that

makes this type of help or services available?" Or, would they expect to use a private paid source of help or turn to a family member, friend, neighbor, or relative? Lastly, they were asked whether they had personally provided that kind of help or service to someone else during the past year.

Fourteen types of help "that older Americans sometimes need," as the question puts it, were then listed, one at a time. The interviewer noted with a check in the appropriate column each type of service needed and the source of help received. If a particular service had not been used, but the respondent knew where to get that kind of help if needed, the interviewer checked the column indicating the potential source of help. When the respondent had provided the service to another person, this fact was noted in a separate column.

The findings regarding the list of different kinds of services that were needed, and the sources of assistance which met those needs, can be seen in Table 6-1. Ten types of services utilized by at least 5% of the non-reservation sample are mentioned. Under each type of service is the number of respondents (N = the number) reporting a need for that kind of assistance. The percentages that received help from each of the three different sources are shown in the next three columns. For example, "checking-on" was needed by 172 persons, meaning that they needed someone to check on them regularly by phone or in person to make sure they were all right. For 28 of the 172 (16%), this help came from an agency or organization, compared with 143 (79%) of the 172 whose friends or relatives checked on them.

The total number of sources utilized by all of those needing a particular service is shown in the fourth column; because some

Table 6-1. Needs for Service and Sources Utilized

Type of Service*	Agency/ Organization	Private/ Paid	Family/ Friends	Total** Sources Utilized	Helped Another
Checking On (N=172)	28 (16%)	9 (5%)	143 (79%)	180	54
Household Chores (N=164)	59 (33%)	43 (24%)	78 (43%)	180	48
Legal Advice (N=156)	21 (13%)	116 (71%)	26 (16%)	163	NA
Escort Service (N=143)	21 (14%)	10 (7%)	118 (79%)	149	47
Information/Referral (N=125)	61 (44%)	23 (16%)	55 (40%)	139	35
Personal Care (N=105)	45 (35%)	25 (19%)	60 (46%)	130	54
Day-Care (N=86)	22 (24%)	17 (18%)	54 (58%)	93	30
Personal Affairs (N=85)	13 (15%)	12 (13%)	64 (72%)	89	26
Agency Advocate (N=75)	46 (53%)	7 (8%)	33 (38%)	86	26
Home Nursing (N=64)	33 (44%)	10 (14%)	31 (42%)	74	NA

* Sources of service were not listed for types of service needed by 5% or less of the respondents.

** An additional 2-5 persons per each type of service indicated a need for service that was not met.

received help from more than one source, the total of sources is slightly higher than the total number of those needing help. Never more than five respondents reported a need for any kind of assistance that went unmet. The last column shows the number of respondents who helped another person. Fifty-four of them regularly checked on how someone else was doing, and an equal number provided "day-care" for another adult by looking after them every day.

About three-fourths of those who needed to be checked on, escorted places, or helped with personal affairs received assistance from family or friends. For help with household chores, information and referral, personal care, acting as an agency advocate, and home nursing, the percentage of those receiving assistance from agency or organizational personnel was relatively equal to the percentage being helped by family or friends.

In a number of cases, those who needed one type of in-home service also needed another. This is shown by the significant correlation coefficients, many of which are around $r = .340$, between various kinds of services. The highest correlation ($r = .456$) is between the need for "checking on" and for "escort service," referring to the need for someone to go shopping with them, to take them to appointments or to pay bills.

There is a similar correlation ($r = .426$) between the need for someone to help with routine "household chores" and someone to help with "personal care," such as bathing, dressing, feeding, or toilet care. The correlations between "Information and Referral" and other types of services are lower (around $.150$), indicating that needs for in-home services and needs for I and R Services do not characterize the same individuals to any great extent.

Table 6-2 shows the number of respondents from each of the seven Aging Areas who needed the various types of services.* The percentage of respondents in each Area that used a given service can be compared--for example, 21% of the respondents in Area I reported needing

*These figures are only suggestive of actual percentages of Area residents, since the Area samples in most cases are not complete enough to be regarded as representative of the populations from which they are drawn.

Table 6-2. Types of Services Needed in Different Aging Areas

Type of Service	Number Needing Service in Each Area							Reservation Difference in %
	I	II	III	IV	V	VI	Total	
Checking On	27 (21%)	38 (21%)	31 (12%)	26 (13%)	15 (17%)	35 (17%)	172 (16%)	+ 2%
Household Chores	19 (15%)	35 (18%)	23 (9%)	37 (18%)	12 (14%)	39 (19%)	164 (15%)	0
Legal Advice	26 (20%)	34 (18%)	19 (7%)	27 (13%)	4 (4%)	46 (22%)	156 (15%)	- 3%
Escort Service	16 (13%)	30 (16%)	23 (9%)	27 (13%)	13 (15%)	34 (17%)	143 (13%)	+ 3%
Information & Referral	23 (18%)	31 (17%)	18 (7%)	21 (10%)	4 (4%)	28 (14%)	125 (12%)	-11%
Personal Care	12 (9%)	23 (12%)	18 (7%)	24 (12%)	10 (11%)	18 (9%)	105 (10%)	- 3%
Day-Care	9 (7%)	22 (12%)	23 (9%)	18 (9%)	2 (2%)	12 (6%)	86 (8%)	+ 3%
Personal Affairs	12 (9%)	24 (13%)	12 (5%)	14 (7%)	3 (3%)	20 (10%)	85 (8%)	0
Agency Advocate	10 (8%)	17 (9%)	14 (5%)	13 (6%)	6 (7%)	15 (7%)	75 (7%)	+37%
Home Nursing	7 (6%)	15 (8%)	8 (3%)	12 (6%)	5 (6%)	17 (8%)	64 (6%)	+ 6%

"checking on," compared with 12% in Area III. Also, it is interesting to note similarities and differences between the total percentages in Areas I-VI in the Total column and the percentage of the reservation sample (Area VII). Twelve percent of the non-reservation respondents report having used I & R Services, compared with only 1% of those on reservations, for a difference of 11%.

Clearly the most dramatic difference, though, is in the percentages of those who needed an "agency advocate" to help them in dealing with a problem with some agency. Only 7% of the respondents from Areas I-VI mentioned this need, compared to 44% of the Area VII respondents. The extent to which elders living on reservations feel the influence of such federal agencies as the Bureau of Indian Affairs or the Indian Health Service on their lives is obvious in this contrast!

The numbers of respondents who indicated that they did not need any type of assistance during the previous year is much greater than the numbers of those who expressed a need for some service. Note in Table 6-2 that no more than 16% of the total sample from Areas I-VI needed any type of help, and, with the exception of needing an agency advocate, no other service was mentioned by more than 18% of the Area VII sample.

In place of naming sources of assistance already being received, all of those who indicated no present need for services were asked to identify their potential sources of help. The responses of the non-reservation sample can be seen in Table 6-3. Of the total number of potential sources named, from one-half to more than two-thirds referred to personal acquaintances as the place to which the respondents would

Table 6-3. Potential Sources of Services if Needed

Type of Service	Agency/ Organization	Private Paid	Family/ Friend	Don't Know/ No Answer
Checking On (N=565) *	153 (27%)	23 (4%)	389 (69%)	362 (34%)
Household Chores (N=651)	185 (28%)	134 (21%)	332 (51%)	310 (29%)
Legal Advice (N=576)	168 (29%)	285 (50%)	123 (21%)	367 (34%)
Escort Service (N=559)	134 (24%)	27 (5%)	398 (71%)	389 (36%)
I & R Services (N=567)	302 (53%)	61 (11%)	204 (36%)	416 (39%)
Personal Care (N=765)	273 (36%)	114 (15%)	378 (49%)	278 (26%)
Day-Care (N=665)	203 (31%)	134 (20%)	328 (49%)	370 (35%)
Personal Affairs (N=618)	129 (21%)	65 (10%)	424 (69%)	403 (38%)
Agency Advocate (N=608)	396 (65%)	52 (9%)	160 (26%)	427 (40%)
Home Nursing (N=651)	273 (42%)	167 (26%)	211 (32%)	418 (39%)

* This refers to the total number of responses. More than one column was checked, if appropriate. Interviewers were instructed to always check the agency/organization column if the respondent knew of an agency or organization making that type of help or services available, regardless of whether the respondent would use it. The other columns were checked if the respondent would use a private paid source, or would turn to a family member, friend, neighbor, or relative for help.

turn for six of the 10 types of services. Family and friends constitute the source of help to which a majority would turn if they needed checking on, help with household chores, an escort to go shopping or other places, or help with personal care, adult day-care, or with handling personal affairs. For information and referral or

for someone to act as an advocate with some agency, a majority would turn to agency personnel, such as someone from the Aging network.

An average of one in three respondents not currently needing any type of service did not name any potential source of assistance. As the last column in Table 6-3 indicates, around 300 seniors who were not receiving help in the past year also did not say where they might get help if it was needed in the future. Some said that since they were not sure at this point what they would do, they could not answer. Others said they did not want to answer because they did not expect to need any assistance. And, a somewhat surprisingly common attitude expressed, according to reports from interviewers, was: "Don't even ask. I haven't given any thought to that and I don't want to give it any thought."

The Level of Participation in Aging Programs

Another major focus of this needs assessment survey was the identification of the various types of programs in which seniors participate as a way of meeting needs--whether for sociability, adequate nutrition, low-cost meals, means of transportation, or others. Several survey questions referred to the amount of participation in such Aging services as Senior Centers, nutrition sites, and Meals on Wheels. In addition, the respondents were read a list of "different types of programs serving older Americans," and were instructed to identify those programs they thought were available in their local area. Eight of the programs on the list are almost exclusively for seniors; two are limited to those with low incomes. Of the programs they believed to be available in the place where they lived, the respondents were to indicate any in which they had participated. When they had seldom or never participated in programs which

they said were available, they were asked to indicate the main reason why they had not participated. The reasons for non-participation cover such things as having no reason to need to participate, need for transportation, limited personal mobility, lack of interest, and others.

The responses to these questions are summarized in Table 6-4. Senior Centers are located in almost all of the places of residence of those interviewed, according to the large number (86%) who reported that there is a Senior Center in their local area. Thirty-nine percent of the total non-reservation sample had participated, which means that nearly half (45%) of all who lived in a community where a Senior Center was located had taken advantage of this program. Thirty-three percent of that total sample said they had had no reason to participate or had not been interested. Four percent cited poor health or disability, which made it hard to get around, as their reason for not going to Senior Centers. A small number (2%) had not participated because of having a problem with transportation, or having too far to go, and 2% had not liked something about the program. The remaining 20% of the total sample gave no reason for their non-participation.

Just over three-fourths (77%) of the sample reported that there were nutrition sites in their local areas; about one-third (32%) of the total sample had gone there for lunch. This means that 42% of those with a nutrition site available had participated in the senior hot lunch program offered. Two-thirds (66%) of the respondents said that Senior Transportation Services had been available to them, and 18% of the total sample had used these services. Thus, more than one out of four (27%) of those who lived where Senior Transportation was

Table 6-4. Program Availability and Participation

Type of Program	Program Available in Area	Respondent Had Participated	Had Participated If Available
Senior Centers	86%	39%*	45%
Nutrition Sites Program (Senior Hot Lunches)	77%	32%	42%
Friendly Visiting/Visitation	51%	19%	37%
Senior Transportation Services	66%	18%	27%
Retired Senior Volunteer Program	55%	14%	25%
Information & Referral Services	57%	13%	23%
Meals on Wheels (Home Delivered Meals)	73%	13%	18%
Home Repair or Winterization Services (Low Income)	60%	8%	13%
Food Stamps	71%	4%	6%

* Reasons for nonparticipation:

No reason to participate or not interested 33%

Poor health or disability 4%

Transportation or distance 2%

Program characteristics 2%

No answer 20%

offered had participated in the program.

The two programs designed to help low-income people were available in their local areas, according to a majority of respondents. Although a number of respondents would have been eligible to receive assistance from home winterization or food stamp programs, the percentages who had done so (13% and 6%) are much lower than the percentage of the total sample with low incomes.

The proportions of respondents who indicated that various Aging programs were available in their localities are comparable in Areas I-IV and VI to the total sample percentages shown in Table 6-4. Fifteen percent to 30% fewer of the respondents from Areas V and VII reported the programs were available. The proportions of respondents who had participated in different programs are presented in Table 6-5.

Table 6-5. Program Participation in Different Aging Areas*

Type of Program	Area							Total I-VI	VII
	I	II	III	IV	V	VI			
Senior Center	51 (40%)	38 (21%)	129 (50%)	86 (42%)	40 (46%)	76 (37%)	420 (39%)	55 (45%)	
Nutrition Site	42 (33%)	28 (15%)	104 (40%)	84 (41%)	21 (24%)	62 (30%)	341 (32%)	32 (26%)	
Friendly Visiting	30 (24%)	19 (10%)	55 (21%)	59 (29%)	14 (16%)	28 (14%)	205 (19%)	16 (13%)	
Senior Transportation	27 (21%)	26 (14%)	51 (20%)	34 (17%)	14 (16%)	37 (18%)	189 (18%)	16 (13%)	
RSVP	28 (22%)	14 (8%)	52 (20%)	36 (18%)	7 (8%)	17 (8%)	154 (14%)	5 (4%)	
Information and Referral	15 (12%)	16 (9%)	37 (14%)	25 (12%)	9 (10%)	36 (18%)	138 (13%)	13 (11%)	
Meals on Wheels	16 (13%)	15 (8%)	42 (16%)	32 (16%)	11 (12%)	25 (12%)	141 (13%)	26 (21%)	

*Programs in which under 10% of the total sample have participated are not shown

Area II had the lowest levels of participation in Senior Centers (21%) and nutrition sites (15%). Senior Center participation levels are highest in Area III (50%) and nutrition site levels in Area III (40%). The percentages of respondents involved with friendly visitation range from 10% in Area II to 29% in Area IV, and for Senior Transportation Services from 14% in Area II to 21% in Area I. The levels of participation in the other three programs in Table 6-5 show similar variations.

Each of the seven Aging programs referred to in Table 6-5 is significantly related to each of the others, which indicates that persons who had participated in one type were likely to participate

in one or more other programs as well. As would be expected, the highest correlation ($r = .581$) is between Senior Center and nutrition site participation. There is a .345 correlation between Senior Transportation Services and nutrition site participation, and a .355 correlation between Senior Transportation Services and Information and Referral Services. The weakest relationship ($r = .166$) is between participation at Senior Centers and Meals on Wheels, which is to be expected.

We have now reviewed 18 types of in-home services and Aging programs that help older Montanans to meet various kinds of needs. We reported the percentages of the total sample in need of different kinds of assistance, and their main sources of assistance. Figures are also given which show the extent to which different types of programs are available in their localities, to the knowledge of those interviewed, and the proportions of the total sample who had participated in the various programs.

The sample percentages are suggestive of what the figures for the overall 60+ aged population of the State would show, in regard to levels of needs for assistance and program participation. But, to better predict these levels in a given place, it is useful to know which individual characteristics are related to certain kinds of needs. It can then be ascertained from census data, for example, how these characteristics are distributed in the population of the particular location of interest. Some of these key characteristics are described in the following section.

Relationships Between Characteristics and Aging Services

The various individual characteristics discussed in Part 3 had been selected for attention because they were expected to be important

in helping to explain variation in the use of certain programs and services. By variation, we mean that there are some people who utilize a given service and others who do not. We wanted to learn what kind of individuals are likely to be participants and what kind are not as likely to participate. If almost everyone acts alike--for instance, when very few use a service such as food stamps--there is not much variation to explain. For this reason, we have concentrated on the 14 services and programs that show the most variation in levels of participation, because each had sizeable proportions of participants as well as of non-participants.

Variations must also be present in the variables (characteristics) that lead to the use of a service. When almost everyone is alike in a certain respect--such as in how often they talk with relatives and friends--this characteristic cannot help to explain, for example, why some of them go to nutrition sites and others do not. In terms of at least six major characteristics, however, there is sufficient variation in the sample to lead us to expect to find a relationship with the use of certain programs. These characteristics are sex, age, number in household, income levels, education, and state of health (measured by a subjective index of health and by the length of illness in the past year).

The next two tables indicate those key characteristics that are related to the utilization of various types of services (Table 6-6) and to participation in different kinds of programs (Table 6-7). Because the sex of the respondents does not have a significant correlation with the need for any type of service (and females may have been over-represented in the sample to begin with), this characteristic is not listed in Tables 6-6 and 6-7. Education level is not correlated with participation in any type of program; it is related to

the use of two types of service, but has lower correlation coefficients than has income with these same services. For this reason, education is not listed in Table 6-6 and 6-7.

With the exception of needing legal advice, which is not related to any particular characteristic, age is significantly correlated with every type of service. This means that, as age increases, the likelihood that people will need assistance from each type of service is increased. The two measures of health are even more strongly correlated with needing the various types of services mentioned in Table 6-6. So, the poorer the state of health, the more likely it is that each type of assistance is needed.

Table 6-6 . Correlations Between Personal Characteristics and Utilization of Services

Personal Characteristics	Type of Service						
	Checking On	Household Chores	Legal Advice	Escort Service	Personal Care	Day-Care	Home Nursing
Age	.183	.223	--	.211	.161	.162	.111
Household Size	.183	.106	--	.135	--	--	--
Income	.172	--	--	.137	--	--	--
Illness Length	.192	.269	--	.248	.239	.186	.239
Health Index	.180	.257	--	.249	.227	.221	.194

Only zero order correlation coefficients significant at $\leq .001$ are given.

Household size is a characteristic related to the use of three services. Because they live alone, elders in single-person households are more likely to need someone to check on them to be sure they are all right need someone to come in to help with household chores, and need someone else to accompany them places. Income level only makes a difference in the use of two types of services: the lower the

income level, the more likely the need for their having to be checked on and need for an escort. So, having a low income increases the likelihood of needing these two types of assistance but not for any of the other services.

The patterns of relationships evident in Table 6-7 are somewhat different from those we have been looking at in the previous table. Again, age is an important variable. Except for participation at nutrition sites, age is significantly correlated with each type of program, but most highly with Senior Transportation Services and Meals on Wheels. State of health, however, is not correlated with participation in any program, other than Meals on Wheels, which obviously is related to having poor health. This means that participation in programs such as Senior Centers, nutrition sites, and Senior Transportation Services does not depend upon having good health, or conversely, is not limited mainly to those with poor health. Participation seems to occur regardless of the state of health!

Table 6-7. Correlations Between Personal Characteristics and Program Participation

Personal Characteristics	Types of Programs					
	Senior Center	Nutrition Site	Friendly Visiting	Senior Transportation	Information & Referral	Meals on Wheels
Age	.103	--	.116	.163	.114	.171
Household Size	.149	.143	.091	.161	.098	.175
Income	--	--	--	.169	.114	.138
Illness Length	--	--	--	--	--	.151
Health Index	--	--	--	--	--	.097

Only zero order correlation coefficients significant at $\leq .001$ are given.

Household size is the one characteristic that is associated with all of the different types of programs. As before, the significant correlation coefficients indicate that living alone makes it more likely that elders will go to Senior Centers and nutrition sites, and use Senior Transportation Services and other Aging programs. Income level is significantly related to the use of Senior Transportation Services, Information and Referral Services, and Meals on Wheels, meaning that with lower incomes comes a higher probability of participation in one of these three programs.

The linear relationship between increasing income level and decreasing amounts of participation in Senior Transportation Services, I and R Services, and Meals on Wheels--or looking at it the other way around, the increasing probability of participation when income levels are lower--can be seen clearly in Table 6-8.* Note that the percentages of respondents in income Category A (poverty-level) who have participated in Senior Transportation Services (28%), I & R Services (19%), and Meals on Wheels programs (23%) are higher than the percentages of participants from any other income category. The proportions decrease as income levels increase, ending with the smallest proportions of participants (7%, 6%, and 4%) in the top category, E-G.

Participation in friendly visitation programs does not seem to depend upon income category; only in the top category is the rate of participation much lower than the levels of participation for other

*The letters at the top of the columns in Table 6-8 refer to income categories which are defined in Appendix D. The number under each letter shows the total number of respondents in that income category. These figures add up to a total of 921 respondents. The remaining 147 respondents did not indicate their income levels during the interviews; therefore, data regarding their participation rates in different programs are not included in Table 6-8.

Table 6-8. Program Participation by
Different Income Levels

Type of Program	Income Levels				
	A (N=203)	B (N=273)	C (N=190)	D (N=134)	E-G (N=121)
Senior Centers	76 (37%)	114 (42%)	74 (39%)	68 (51%)*	31 (26%)
Nutrition Sites	68 (34%)	91 (33%)	60 (32%)	55 (41%)*	25 (21%)
Friendly Visiting	51 (25%)	54 (20%)	31 (16%)	33 (25%)	11 (9%)
Senior Transportation	56 (28%)*	54 (20%)	29 (15%)	16 (12%)	8 (7%)
Information and Referral	38 (19%)*	42 (15%)	20 (11%)	17 (13%)	7 (6%)
Meals on Wheels	47 (23%)*	30 (11%)	21 (11%)	16 (12%)	5 (4%)

*Highest percentage for each type of program

income categories. Because of this, there is an absence of a linear relationship. This is why there is no correlation coefficient in the previous table.

Of particular interest in Table 6-8 is the income category which has the highest percentage of participation at Senior centers and nutrition sites. Category D, a relatively middle income category, has definitely the highest proportions of respondents who had participated at Senior Center (51%) and nutrition sites (41%). As in the case of friendly visiting, this is why there is not a linear relationship, meaning that participation does not steadily increase or decrease as income categories rise. Therefore, no correlation between income and participation is evident.

So far, we have seen that some key individual characteristics are related to the use of different kinds of services and programs.

Earlier, in Table 5-5, we pointed out that these personal characteristics are related to several of the main types of problems identified by our sample of older Montanans. The final step in testing the conceptual model, which predicted that characteristics, problems, and needs for services are related, is to see whether there is a relationship between any kinds of problems and the use of certain types of services.

Table 6-9 shows that there are significant correlations between six measures of different problems and a variety of services. With the exception of the need for legal advice, which is not related to any problem in particular, health is the main problem related to needs for in-home services, especially. Having a problem with transportation and getting places is correlated with each type of need for services; the problem of loneliness is related to every type of service except home nursing; and feeling emotionally upset is related to four kinds of services. So, it seems that there is a complex of problems: health as a problem most of all, along with transportation, loneliness, and emotional upset that sometimes (but not always since the correlation coefficients are not all that high) go together with having a need for in-home services.

The correlation coefficients that show a relationship between viewing money as a problem and reporting a need for services are among the lowest in Table 6-9, and are the fewest in number: only three. This indicates that viewing money as a problem is not very highly related to the need for having someone check on them, escort them places, or provide personal care.

There are no particular problems related to the use of Senior Centers, Senior Transportation Services, I & R services, and so forth.

Table 6-9. Correlations Between Perceived Problems and Needs for Services

Perceived Problems	Type of Service						
	Checking On	Household Chores	Legal Advice	Escort Service	Personal Care	Day-Care	Home Nursing Meals on Wheels
Health	.218	.307	--	.250	.251	.185	.270 .184
Money	.113	--	.018	.106	.103	--	--
Transportation	.223	.193	--	.279	.211	.135	.123 --
Loneliness	.299	.137	--	.141	.100	.115	--
Getting Places	.194	.191	--	.272	.138	.145	--
Emotional Upset	.171	--	--	--	.096	.146	.142 --

Only zero order correlation coefficients significant at $\leq .001$ are given.

Of the seven types of programs in which seniors can participate, only one is related to any specific problem. This is Meals on Wheels, an in-home service like others mentioned in Table 6-9. It is related to the problem of health, which is not at all surprising.

Characteristics - Problems - Service and Program Use

To this point, we have shown that several important individual characteristics are related to some of the main problems identified by our sample (Table 5-5) and that several types of problems are related to certain kinds of needs for Aging services (Table 6-9). We have also pointed out which of the seniors' personal characteristics are related to their use of some kinds of services (Table 6-6) and to participation in different Aging programs (Table 6-7). Now, it is time to look at how these different types of variables--characteristics - problems- and use of services and programs--fit together as a whole.

In the summaries presented below, different variables related to each of 10 different types of services and programs are listed. The various characteristics and problems are presented in the order of their importance, starting with the one which has the strongest relationship to (and explains the most variance in) a given type of service or program. Looking at the comparative strengths of different relationships provides a way to estimate which variables are more important and which are less important in helping to predict needs for services and program participation. How strongly one variable is related to another is shown by the size of the correlation coefficients in tables presented previously; thus, those figures are not repeated here. Instead, figures given in parentheses are standardized regression coefficients (Betas).

Betas provide a way of measuring the relative strength of different relationships. Another advantage of using standardized regression coefficients is that they provide a picture of the cumulative effect of more than one independent variable on a dependent variable. This effect is summarized in what is called a Multiple R; its square- R^2 - shows how much of the variance of the dependent variable is explained. These figures can be seen in Appendix C for the relationships summarized below. Another advantage of regression analysis is that it simplifies the identification of important explanatory variables. We started the regression analysis by including seven characteristics: age, income, education, household size, sex, and two measures of health; eight measures of problems; and variables identifying four different types of places of residence. By comparing the size of the Betas, and by looking at their F values to see if they are statistically significant, we can identify just the ones which are important. These are shown in the following summaries.

First, the five types of services (mainly in-home) needed by more respondents than any other types of services are shown. To the left, significantly related characteristics and problems are listed in order of the relative strengths of their relationships to each type of service, while taking into account the other variables:

advanced age (.118)	transportation is a problem (.136)	
number in household single person (.113)	health is a problem (.098)	someone to check on them regularly is needed
state of health long illness (.090)		
lower income category (.090)		

advanced age (.152)	health is a problem (.192)	
state of health: long illness (.143)	transportation is a problem (.112)	help with household chores is needed
place of residence: village (.080) or town (.089)	legal matters not a problem (.097)	
no personal characteristic in particular	no problem in particular	help with a will or other kind of legal advice is needed
place of residence: country		
advanced age (.187)	transportation is a problem (.192)	escort service-- someone to go with them
state of health: long illness (.116)	health is a problem (.098)	shopping or to appointments-- is needed
	getting places is a problem (.094)	
number in household: single person (.153)	health is a problem (.121)	
advanced age (.117)		
state of health: long illness (.106)		Meals on Wheels is needed
place of residence: village (.104) or town (.110)		

Similar sets of personal characteristics and problems are associated with the needs for four out of the five services listed above: escort service and in-home services. Advanced age, length of illness, living alone, and having problems with transportation and health are typical of those persons who are often referred to as

the "frail elderly" or the "vulnerable elderly." We saw earlier that 13% of the non-reservation sample had a need for escort service; 13% a need for Meals on Wheels; 15% a need for help with household chores; and 16% a need to be checked on regularly. So, around 15% of the elders had used services typically needed by the vulnerable elderly.

This fact points to the importance of knowing the extent to which there are vulnerable elderly in the 60+ aged population in whatever locality is of concern. The total number of persons aged 60 and over is, in itself, useful to know, but knowledge of what proportion are of "advanced age" (upper age categories) is even more important. The figure suggested by our sample (15%) may or may not be the same in different localities. As was suggested above, census data can be used to find out the proportion of a population that is of "advanced age," clearly one of the key variables to be considered in assessing the extent of need for the services listed on the previous page.

The need for help with a will or other legal advice does not seem to depend upon any particular personal characteristics, not income as might be expected, nor health, sex, or household size. The one apparent difference in the extent of need is that country residents, followed by residents of villages, expressed this need to a greater extent than did those living in towns and cities. Perhaps it is more difficult to find someone to provide this service in rural than in urban areas, and therefore rural elders mentioned the need more frequently.

The need for legal advice is one type of service which reflects the influence of a certain type of place of residence. Two others

are Meals on Wheels (which will be discussed along with other Aging programs) and help with household chores, for which the level of assistance is higher when the frail elderly lived in villages or towns. The varying effects of place of residence upon the use of different services can be seen in Table 6-10. For the services just mentioned, there are significant differences in levels of use in different types of places; however, this is not the case for other services. For each of the in-home services, the elders' state of health is an important variable. We have already noted that there are no significant variations in the state of health of residents of different types of places. It follows that there are no big

Table 6-10. Utilization of Services in
Different Types of Places

Type of Service	Place of Residence			
	Country (N=129)	Village (N=334)	Town (N=326)	City (N=278)
Checking On	14 (11%)	65 (20%)	54 (17%)	39 (14%)
Household Chores	9 (7%)	61 (18%)	60 (19%)*	34 (12%)
Legal Advice	26 (20%)*	60 (18%)	36 (11%)	34 (12%)
Escort Service	9 (7%)	54 (16%)	46 (14%)	34 (12%)
Personal Care	7 (5%)	38 (11%)	31 (10%)	29 (10%)
Day-Care	5 (4%)	31 (9%)	23 (7%)	27 (10%)
Home Nursing	7 (5%)	20 (6%)	20 (6%)	17 (6%)

*Highest percentage for each type of program

variations among different places in the levels of use of such services as personal care, home nursing, or escort services.

With a combination of poor health, advanced age, and problems of health and transportation, the likelihood that elders living alone will be in need of someone to check on them regularly is increased. For residents of villages and towns, where the proportion of seniors living alone and the proportions of low income elders are highest, the same set of characteristics seems to have increased the likelihood that they are getting help with household chores, most often from family members or friends. Whatever the source of help, it appears that this type of assistance was more readily available to them than if they had lived in some other type of place.

Next is a summary of the five types of Aging programs in which the largest numbers of respondents have participated with characteristics and problems listed in their order of importance to each:

place of residence:
village (.203)

number in household:
single person (.128)

no problem
in particular

participation
at Senior
Centers

sex: female (.090)

advanced age (.084)

place of residence:
village (.230)

number in household:
single person (.148)

understanding legal
matters is a problem
(.102)

participation
at nutrition
sites

place of residence:
village (.159) and
town (.160)

no problem in
particular

participation
in friendly
visiting

advanced age (.144)

place of residence:
town (.171)

advanced age (.132)

no problem in
particular

participation
in Senior
Transportation
Services

sex: female (.113)

low income (.101)

place of residence:
village (.154)

transportation
is a problem
(.119)

participation in
Information and
Referral
Services

advanced age (.105)

As with the use of different types of services, advanced age seems to be one of the most important personal characteristics associated with participation in different Aging programs. Other important characteristics differ, depending upon the type of program. It is noticable that living alone increases the likelihood of participation at Senior Centers and nutrition sites. Income category is not a significant variable, since, as we have already seen, participants were more often middle-income seniors than low income seniors. Perhaps one of the main needs being met by these programs for those elders who live alone is having a reason and a place to spend time with other people!

Income level is, however, related to the use of Senior Transportation Services. It is interesting to note that transportation as a problem is not related to the use of Senior Transportation Services. We saw

earlier that having a low income is related to having transportation as a problem, and that the proportion of low-income seniors is highest in towns. It is also in towns that the use of Senior Transportation Services is highest. This suggests that a need for transportation has been met, instead of being a problem for low-income town residents.

Place of residence is one of the variables related to participation in each of the types of programs summarized above (as well as Meals on Wheels). Obviously, one reason place of residence is important is because being able to participate depends upon whether the programs are available in the community. Table 6-11 shows the extent to which the programs are available in the four types of places, to the knowledge of the seniors in our sample. With the exception of Information and Referral Services, the proportion of

Table 6-11. Perceptions of Availability
of Programs in Different Types of Places

Type of Program	Place of Residence			
	Country (N=129)	Village (N=334)	Town (N=326)	City (N=278)
Senior Centers	102 (79%)	290 (87%)	275 (84%)	252 (91%)*
Nutrition Sites	92 (71%)	253 (76%)	253 (78%)	224 (80%)*
Friendly Visiting	57 (44%)	155 (46%)	164 (50%)	165 (59%)*
Senior Transportation	79 (61%)	180 (54%)	226 (69%)	220 (79%)*
Retired Senior Volunteer Program	52 (40%)	111 (33%)	195 (60%)	221 (79%)*
Information and Referral	67 (52%)	211 (63%)*	179 (55%)	153 (55%)
Meals on Wheels	89 (69%)	222 (66%)	234 (72%)	235 (84%)*

*Highest percentage for each type of program

respondents who reported that the programs were available is highest in cities. The next highest percentages are in towns and villages, and as would be expected, the lowest percentage is in the country.

The pattern of participation levels in different types of places is not the same as for the availability of programs, however. As Table 6-12 indicates, the highest percentages of participants are in villages, with towns a close second, or equal in several cases. We saw earlier that there are higher proportions of single-person households in villages and towns, and, in those places, the proportions of seniors participating in Senior Centers and nutrition sites are highest also. In contrast to in-home services, including Meals on Wheels, the elders' state of health is not a major factor. However, as in the case of the other services, advanced age is an important explanatory variable.

Table 6-12. Program Participation
in Different Types of Places.

Type of Program	Place of Residence			
	Country (N=129)	Village (N=334)	Town (N=326)	City (N=278)
Senior Centers	41 (32%)	179* (54%)	139 (43%)	61 (22%)
Nutrition Sites	31 (24%)	147* (44%)	125 (38%)	38 (14%)
Friendly Visiting	17 (13%)	79* (24%)	80* (25%)	29 (10%)
Senior Transportation	10 (8%)	61 (18%)	84* (26%)	34 (12%)
Information and Referral	12 (9%)	67* (20%)	45 (14%)	14 (5%)
Meals on Wheels	6 (5%)	55* (17%)	59* (18%)	21 (8%)

* Highest percentage for each type of program.

Thus, we have seen that there are several important individual characteristics which, along with certain effects of the type of place in which elders live, are reflected in the kinds of problems they identify. Their characteristics, problems, and place of residence are associated with the probability of their having a need for various kinds of in-home services, as well as the probability of their being participants in Aging programs.

We have reviewed a large number of findings from the statewide needs assessment survey conducted in Montana during 1981. Much of what we have reported verifies the experience of service providers, and this fact increases our confidence in the survey results. There are a number of less obvious conclusions to be drawn from the research as well, and we hope that we have provided some insights and suggestions that will provide food for thought for some time to come. We now turn to the final part of the report which provides an overview of some of the policy and planning implications of the study.

Part 7

POLICY AND PLANNING IMPLICATIONS FOR SERVICE PROVIDERS

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Section 301, Title III, Grants for State and Community Programs on Aging, of the Older Americans Act states: "It is the purpose of this title to encourage and assist State and local agencies to concentrate resources in order to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older persons by entering into cooperative arrangements with each other and with providers of social services for planning for the provision of, and providing, social services and, where necessary, to reorganize or reassign functions, in order to: (1) secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services; and (2) remove individual and social barriers to economic and personal independence for older persons."*

The 1973 Comprehensive Services Amendments to the Older Americans Act of 1965 established the initial structure for the development of this comprehensive and coordinated service delivery system for Americans 60 years of age and older at the local level.** By the end of summer of 1974, the Community Services Division, Department of Social and Rehabilitation Services, State of Montana, had established Area Agencies on Aging, in six geographic planning and service areas, designed to initiate and deliver community-based service programs.

* Marquis Academic Media, Sourcebook on Aging. Marquis Who's Who, Inc., Chicago, Illinois, 1977, p. 532.

** Beattie, Walter M., "Aging and Social Services," Handbook of Aging and the Social Sciences, edited by Robert Binstock, and E. Shanas, VanNostrand Reinhold, 1976, p. 637.

Once established, the six Area Agencies on Aging encouraged the development of County Councils on Aging, in some counties, to assist the state-level and community-based organizations to coordinate service delivery to the aged.

The seventh Area Agency on Aging was established in 1975 to initiate and develop the service delivery system to seven Indian reservations: Blackfeet, Rocky Boys, Ft. Belknap, Ft. Peck, Crow, Northern Cheyenne, and Flathead.

According to the public policy set forth in the Federal Register, Volume 45, Number 63, Monday, March 31, 1980, Rules and Regulations, 1321.45, Service Delivery Systems Responsibilities: General, "The State and local community based organizations must give preference to older persons with the greatest economic and social need in the delivery of services under the State plan."

In order to provide the supportive services necessary to maintain maximum independence for the elderly, remove the individual social barriers for their personal independence, and give preference to those older persons with the greatest economic and social need, the Community Services Division and the seven Area Agencies on Aging in Montana initiated the necessary planning, development, and implementation of the basic comprehensive and coordinated system for the delivery of social services to the 119,240 persons currently entitled, by virtue of being 60 years of age or older, to such supportive services within the State.

The rate and extent of progress made as of this date toward delivering such community-based services is evident in Montana by achieved levels of participation in Aging programs and activities, and in the utilization of services.

The six types of Aging programs and activities in which the largest numbers of respondents have participated, listed in order of use frequency, are: (1) Senior Centers, (2) Congregate Nutrition Sites, (3) Friendly Visiting/Visitation, (4) Senior Transportation Services, (5) Senior Volunteer Programs, and (6) Information and Referral Services.

Our survey suggests that 39% or approximately four out of 10 older Montanans had participated in one or more of the 136 Senior Centers located throughout the State. Senior Centers, initially designed to meet the social needs of older persons, are currently providing more activities and programs to the aged. According to the State Plan on Aging, "The number of Centers in Montana, developed under past plans and the former Title V of the Older Americans' Act, has reached its optimum. The present direction is toward increasing their efficiency so as to enable continued operation in the face of limited funding and toward providing for more expanded operations."*

The Community Services Division and the Area Agencies on Aging in Montana are in the process of considering accepting a revised definition adopted by the National Institute of Senior Centers for a Senior Center program: "A Senior Center is a community focal point on aging where older persons as individuals or in groups come together for services and activities which enhance their dignity, support their independence, and encourage their involvement in and with the community. As part of a comprehensive community strategy to meet the needs of older persons, senior center programs take place and emanate from a facility. These programs consist of a variety of

*4.C.1. System Development Plan: Policies and Priorities, Multipurpose Senior Centers, State Plan on Aging, State of Montana, Page 27B, Fiscal Years 1981-83.

services and activities in such areas as education, creative arts, recreation, advocacy, leadership development, employment, health, nutrition, social work and other supportive services. The Center also serves as a community resource for information on aging, for training and for developing new approaches to aging programs."* Currently, some Senior Centers have the potential to be designated the community focal point for coordinating Aging programs and services.

In less than a decade, our survey suggests that 32% of older Montanans had participated in Congregate Dining Sites. The Nutrition Sites developed originally under national policy as a result of the 1971 White House Conference on Aging. Congregate Dining provides nutritionally balanced meals for older persons, potentially reducing isolation and increasing socialization through the frequency and relative intimacy of interaction among the participating elderly. The potential for further integration of the individual into the group and into the community is thusly enhanced. Portable meals, or Meals-on-Wheels, had been utilized by 13% of the survey respondents, or their spouse, thereby, providing the home-bound with nutritionally beneficial meals.

Because 5% of the Montana survey sample stated that food and nutrition represented some problem and 1% stated that food and nutrition was a very important problem, consideration could be given to the establishment of additional 5-days-a-week Congregate Dining Sites or the provision of portable 5-days-a-week meals for home-bound in each community. Congregate Dining Sites, as a recognized means of reducing isolation and increasing socialization among the elderly, irrespective of income, should be encouraged.

*National Institute of Senior Centers, Senior Center Standards Guidelines for Practice, National Council on the Aging, Inc. Washington, D.C., 1978, p. 15.

A component of Senior Centers and Congregate Dining Sites services is the provision of Transportation Services, and where needed, Escort Services between home and the Nutrition Site.*

Our Survey suggests that 18 out of 100 older persons had utilized Senior Transportation Services, and 6% of the respondents identified Senior Transportation Services as the means of transportation that would meet their needs.

Because about one out of four older Montanans looked toward Senior Transportation as a means to get them places, and another 13 out of 100 respondents utilized Escort Service, increased Transportation Services combined with Escort Service could facilitate delivery of needed service in the community. Transportation Service provides access to other health and social services located in the community and, when necessary, other communities.**

Nineteen percent of the survey respondents, or approximately one out of five persons 60 years of age or older, had participated in friendly visiting/visitation programs in their community. Fourteen percent had participated in volunteer programs, not necessarily just the Retired Senior Volunteer Program. These into-the-home visits by persons called Friendly Visitors has been recognized for its socializing contributions to the well-being of the socially isolated. These visitors can provide additional help services beyond that of establishing a bond of friendship. If these volunteers are coordinated and trained along with other agency outreach workers, not only for their listening role but also to develop a capacity to recognize problems or situations about which their supervisor can be informed, such

*Beattie, Walter M., "Aging and Social Services," Handbook of Aging and the Social Sciences, edited by Robert Binstock, and E. Shanas, VanNostrand Reinhold, 1976, p. 623.

**Ibid, p. 623.

volunteers and workers could become an effective part of the social service delivery system.*

Thirteen percent of the respondents had utilized the Information and Referral Service, which is designed to "ensure that older persons within the planning and service area have reasonably convenient access to the services; maintain current information with respect to the opportunities and services available to older persons; develop current lists of older persons in need of services and opportunities; and employ a specially trained staff to inform older persons of the opportunities and services which are available and to assist older persons to take advantage of the opportunities and services."**

The Information and Referral Service could increase its effort to locate single-person households, thus making those elders aware not only of the available services but also of how they could benefit from them. Information and Referral Services, however, are not restricted to the low-income, advanced aged, living-alone elderly. It is a basic component in any comprehensive community-coordinated social service delivery system. Not only is it necessary to ensure that current information is available to the elderly, but such information should be made available to their families, friends, and medical and social service providers.***

In regard to the low-income Montanan, 37% had participated in Senior Centers, 34% in Congregate Meals Sites, 23% had utilized Meals-on-Wheels, 28% had utilized the Senior Transportation Service, and 19% had utilized the Information and Referral Service. Twenty-five

*Beattie, Walter M., "Aging and Social Services," Handbook of Aging and the Social Sciences, edited by Robert Binstock, and E. Shanas, VanNostrand Reinholds, 1976, p. 623.

**Federal Register, Volume 45, Number 63, Monday, March 31, 1980, Rules and Regulations: Information and Referral Services, 1321.161.

***Beattie, Walter M., "Aging and Social Services," Handbook of Aging and the Social Sciences, edited by Robert Binstock, and E. Shanas, VanNostrand Reinhold, 1976, p. 626.

percent of the low-income older Montanans interviewed had participated in friendly visiting.

Therefore, in a relatively short span of time, the Community Services Division and the seven Area Agencies on Aging, through local service providers, have successfully developed and provided services to older Montanans, including the low-income elderly, in the preceding six types of Aging programs.

There is, however, a lack of a fully comprehensive and coordinated service delivery system for the aged in each community of Montana. While the implications of the new "federalism" are not yet known, it is apparent that the many entitlements now available under the auspices of the Aging network could be studied and reviewed in order to determine their relative value and benefits to the aged in each kind of community. Service providers will need to strive to develop as comprehensive and coordinated service delivery system as possible.

Beattie (1976) states that planning is a process that is based upon the premise that goals can be formulated and achieved to improve unacceptable conditions and situations, in the near or distant future. Planning is therefore oriented toward achieving a better or improved state of being for all or part of society's members. He goes on to say that social planning for the aged is also based on the premise that the rational approach of goal formulation and resource allocation can lead to improvement in the quality of life for older persons. Social planning for the aging, therefore, requires identification of those unacceptable conditions and situations that affect the social functioning of the older person.*

*Beattie, Walter M., "Aging and Social Services," Handbook of Aging and the Social Sciences, edited by Robert Binstock, and E. Shanas, VanNostrand Reinhold, 1976, p. 631.

"Older Montanans: Their Characteristics, Problems and Needs for Services" identifies general conditions and situations in which older Montanans presently find themselves. Among the conditions and situations determined by the survey are the following:

- (1) Social Security is the only source of income for 16% of the respondents, and almost half of them (44%) are at the poverty-level. Social Security and Supplementary Security income is the only retirement benefit of 3% of the respondents, and 81% of them are at poverty-level.
- (2) One-fourth of the 299 men in the sample live alone, while more than half of the 771 women live in one-person households.
- (3) 19% of the male respondents and 53% of the female respondents are widowed.
- (4) 46% have less than a high school education.
- (5) 22%, or one out of five persons 60 years of age or older, live at or below poverty-level.
- (6) During the last 12 months, 125 (12%) of the respondents, and 11% of the spouses, had been ill for from one week to one month. Nearly 17% of both respondents and spouses had been sick for more than a month during the preceding year.
- (7) 20%, or about one in five, said that their health or their spouse's health had had a great deal of effect on their engaging in desired activities.

- (8) More than half (57%) of those respondents in the non-reservation sample felt that their health had interfered to some extent with their doing things they would have liked to do.
- (9) There are no significant differences in the proportions of those in poor health across country, village, town, or city locations.
- (10) Seventeen percent of the respondents stated that transportation was some kind of a problem or a very important problem, and 3% stated that transportation was their most serious problem.
- (11) Health (14%), income (6%), understanding legal matters (2%), and securing fuel and/or energy (1%) represent serious problem areas for older people.
- (12) Health (54%), income or money (28%), transportation (17%), understanding legal matters (31%), loneliness (24%), and securing fuel and/or energy (12%) represent some problem to very important problem for older Montanans; and
- (13) Crime, spare-time activities, age discrimination, nutrition and food, and housing were a problem to fewer than 10% of respondents interviewed.

The preceding conditions and situations are characteristic of older Montanans. More than two-thirds of the older Montanans interviewed, however, reported that they did not have any serious problem. With the exception of health, a majority stated that none of the potential problem areas listed was a problem for them.

These general characteristics and problems can be generally

prioritized in terms of associated in-home service needs as follows: 16% needed checking on; 15% needed assistance in household chores; 13% needed an escort service; 10% needed help with personal care; 8% needed day-care; and 6% needed home nursing.

Currently, the Aging network is the source utilized by 28 (16%) of the 172 respondents who needed someone to check on them. One out of three who needed assistance with household chores utilized home chore programs. Twenty-one (14%) of the 143 respondents who needed escort services turned to the Aging network for this service. Forty-four percent relied on the Aging network for home nursing, as did 45 (35%) of the 105 respondents who needed personal care.

Other needed services are: 15% needed legal advice; 8% needed help in personal affairs; and 7% needed an agency advocate. Thirteen percent of those needing legal advice received this help from an agency or organization. Fifteen percent of the 85 respondents who needed help in handling their personal affairs, and more than half (53%) of those who needed an agency advocate, relied on the Aging network.

No more than two to five persons per each type of service indicated a need for a service that had gone unmet.

Among the five types of services needed by more respondents than any other types of services are four in-home services: (1) someone to check on them regularly; (2) someone to help with household chores; (3) someone to go with them shopping or to appointments; and (4) Meals on Wheels. Elders most likely to need in-home services are those characterized by advanced age, lengthy illness, living alone, and having problems with transportation and health....characteristics

typical of persons referred to as the frail or vulnerable elderly. Having a low income may aggravate the need for assistance, particularly the need to be checked on.

In-home services can be used alone or as a foundation for other services. Home help service is basic to health and social welfare programs, and it should be made available to those of advanced age who live alone, suffer from poor health, and have low incomes. Homemaker services provided by home-health-aides could enhance the quality of daily living for the vulnerable elderly in each community.

Because the majority of persons who needed assistance at home had turned to their family and friends to obtain the service, increased emphasis could be placed on training local persons and coordinating their efforts. In this way, relatives and neighbors could perform the necessary tasks, such as checking on them regularly, helping with household chores, going shopping with them, and delivering portable meals or Meals-on-Wheels. Coordination through one focal point within each locality could help to ensure continuity and provision of service to the older person.

As is evident from this study, the other one of the five most needed services relates to the legal needs of older Montanans. Such needs may be in the areas of consumer rights and protection, writing and signing of contracts, obtaining the benefits to which they are entitled, coping with the complex administrative bureaucracy, or in the more specialized areas of guardianship, conservatorship, and protective services. The need for legal services cuts across all segments of the sample. Clearly, legal services and legal advocacy designed to increase older Montanan's awareness of their legal rights, existing laws, and where to go for help could be strengthened and recognized

as an integral component of Aging services.

To date, the administrative attention given to designing a truly comprehensive and coordinated social service delivery system for the aged in Montana has been rather limited. The perceived ambiguity and the differential interpretation of existing regulations, inadequate funding, unrealistic expectations, the politics of implementation, and competition among various agencies for scarce dollars have resulted in the provision of piecemeal uncoordinated services in some communities. It must be pointed out that existing Aging programs and services are in place and functioning, despite some variations in their current levels of development and service delivery. By working more closely together, the different elements could maximize their mutual potential for meeting the needs of older Montanans and providing help to the vulnerable elderly.

This report has demonstrated that knowledge of the distribution of key characteristics in the population of any county or community will increase the likelihood that different kinds of problems and needs for assistance in that locality can be predicted or anticipated. The individual status characteristics of age, sex, marital status, size of household, income, and different measures of health, in combination with the place of residence--whether country, village, town, or city--are associated with differences in older Montanans' needs for assistance. State of health, age, income, and size of household are particularly important in predicting needs for services and the likelihood of their participation in available programs.

The salient problems have now been identified. Strategies for

developing and delivering coordinated and comprehensive services to the aged in Montana could be formulated. The resulting comprehensive community-based services and delivery systems could be designed to meet recognized and expressed needs of the elderly and to ensure that those older vulnerable Montanans in each community who cannot wait for a truly comprehensive and coordinated service delivery system are cared for today.

APPENDICES

APPENDIX A. LIST OF SELECTED QUESTIONNAIRES

1. "A Survey of the Demographic and Socio-Economic Patterns of The Aging Population in North Dakota," Mary College Behavior and Social Science Staff, Sister Kathryn Zimmer, Ph.D., Project Director-Doordinator, Published by the Social Service Board of North Dakota, April, 1978.
2. "Survey Questionnaire for Montana Senior Citizens," Montana Area Agency on Aging Directors' Association, 1979.
3. "Aging Services Needs Survey," Area III Agency on Aging, State of Montana, no date given.
4. "Elderly Needs Assessment Study," The Washington Survey, Bureau of Social Science Research, Inc., January-March 1978.
5. "1977 Needs Assessment Study," Developed by the Applied Sociological Research Team at the University of Colorado at Denver, Published by the Denver Regional Council of Governments, 1977.
6. "A Study of Elderly Needs and Impact of Service in Larimer County, Colorado," Prepared by Judith Ann Miller, Joyce Ham, and Theodoric Manley, Jr., under the direction of Dr. Frank A. Santopolo, Department of Sociology, Colorado State University, no date given.
7. "An Assessment of the Health Status and Health Needs of the Elderly of Winnebago County, Illinois: A Summary Report," Dennis A. Frate, Office for Community Health Research, Rockford School of Medicine, Dennis Haffron, The Winnebago County Council on Aging, May, 1976.
8. "Regional VII Area Agency on Aging Needs Survey," Region VII Area Agency on Aging, Bay City, Michigan, June, 1980.
9. "Older American Status and Needs Assessment Survey," Montgomery County, Iowa, no date given.
10. "Multidimensional Functional Assessment: The Oars Methodology," Duke University Center for the Study of Aging and Human Development, 1978.
11. "A Survey Guide to Accompany the Older American Status and Needs Questionnaire," Doris N. Krug, Walter M. Perkins, Westat, Inc., 1974.
12. "Vulnerable Elders," Laurence G. Branch, Ph.D., Department of Preventive and Social Medicine, Harvard Medical School, 1980.
13. "Wave III--Massachusetts Health Care Panel Study," Harvard Medical School, Fall, 1980.

14. "Older Californians Needs Assessment Questionnaire,"
Claifornia Department of Aging, September, 1979.
15. "Statewide Survey of Older Virginians--Final Report, Volume I
Methods and Procedures," William J. McAuley, Principal
Investigator, Greg Arling, Co-Principal Investigator, Cheri
Nutty, Project Coordinator, Cindi Bowling, Project Coordinator,
June, 1980.
16. "Aging in the Inland Empire: A Needs Assessment Survey of
Older Persons in San Bernardino County, California," Dale
Berger, Ph.D., Principal Investigator, Jeffry Young, M. A.,
Project Administrator, Robert Huebner, M. A., Research
Associate, 1980.
17. "An Off-Reservation Profile of Elderly Montana Indians,"
V. Edward Bates and Dan Anderson, no date given.
18. "National Survey Instrument for Analysing the Needs of American
Indian and Native Alaskan People 45 and Over," Prepared by
The Assistance Group Incorporated, Silver Spring, Maryland,
for the National Indian Council on Aging, Albuquerque, New
Mexico, February, 1979.
19. "The Environment of Elderly Native Americans," Prepared by the
American Indian Nurses Association, Norman, Okalhoma, for the
Indian Health Services, Rockville, Maryland, June, 1978.
20. "Services to Elderly Survey," Carried out by an Indian
reservation in North Dakota, Spring 1976.

APPENDIX B. COMPLETION RATE IN COUNTIES WITH INTERVIEW SITES+

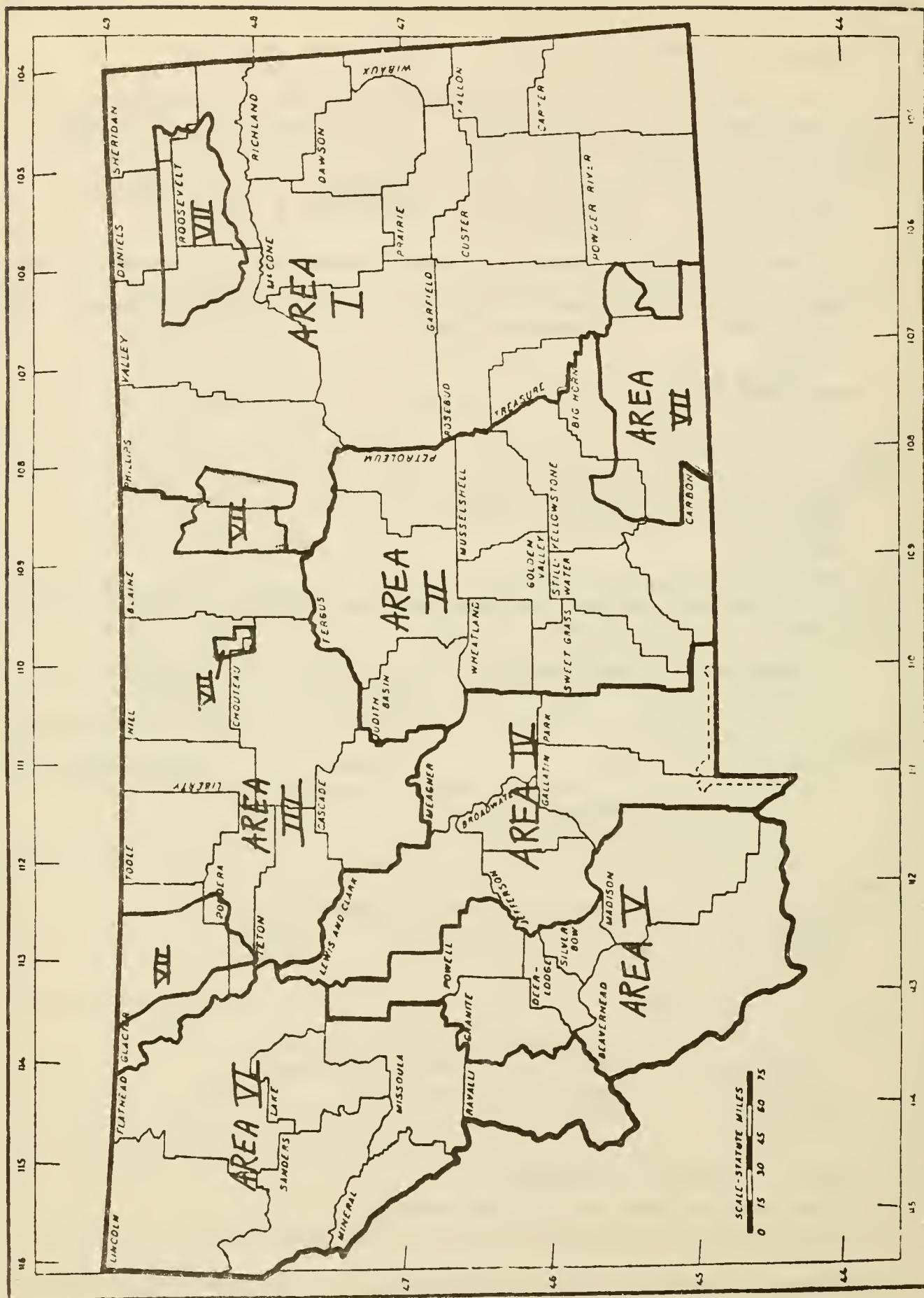
100% Completed	50% or Over	Less Than 50%	0% Completed
AREA I Phillips 21 Richland 21 Roosevelt 21	Dawson 19 (21)* Garfield 16 (21)* Valley 18 (21)*	Daniels 3 (21)* Sheridan 9 (21)*	Custer (42)*
AREA II Hardin 13 Fergus 26 Golden Valley 13 Wheatland 13 Musselshell 13	Carbon 7 (13)* Yellowstone 110 (143)*		Stillwater (13)*
AREA III Blaine 18 Liberty 18 Chouteau 36 Toole 18 Cascade 126	Hill 30 (36)* Teton 16 (18)*		
AREA IV Lewis & Clark 100 Meagher 20	Gallatin 65 (80)* Park 20 (40)*		
AREA V Granite 19**	Deer Lodge 24 (38)* Madison 9 (19)* Powell 14 (19)*	Silver Bow 22 (114)*	Beaverhead (19)*
AREA VI Lincoln 13 Mineral 13 Ravalli 39 Sanders 13	Flathead 89 (91)* Lake 25 (26)*	Missoula 27 (91)*	
AREA VII Northern Cheyenne 10 Blackfeet 50 (Browning)	Ft Peck 23 (30)* Rocky Boy 8 (10)* Blackfeet 9 (10)* (Heart Butte)	Crow 8 (40)* Ft Belknap 13 (30)*	

* Number of interviews assigned.

** County not included in original sample.

+ The location of counties is shown in the map on the following page.

MONTANA



APPENDIX C. BETA, F VALUE, MULTIPLE R, AND AMOUNT OF
VARIANCE EXPLAINED FOR VARIABLES RELATED
TO TEN TYPES OF SERVICES AND PROGRAMS

Type of Service or Program	Beta	F Value	Multiple R	R ²	Variance Explained
1. Checking On:					
Transportation a Problem	.136	15.43			
Age	.118	11.88			
Illness Length	.090	6.13			
Number in Household	.113	10.85			
Health a Problem	.098	6.89			
Income	.090	6.74			
			.365	.133	13%
2. Household Chores:					
Live in Village	.080	2.60			
Live in Town	.089	3.40			
Health a Problem	.192	27.42			
Age	.152	21.62			
Illness Length	.143	15.88			
Transportation a Problem	.112	10.85			
Legal Matters not Problem	.097	8.76			
			.406	.165	17%
3. Legal Advice - only 1% of the variance explained					
4. Escort Service:					
Transportation a Problem	.192	25.45			
Age	.187	33.60			
Illness Length	.116	10.61			
Health a Problem	.098	7.38			
Getting Places a Problem	.094	6.03			
			.429	.184	18%
5. Meals on Wheels:					
Live in Village	.104	4.15			
Live in Town	.110	4.77			
Number in Household	.153	19.85			
Health a Problem	.121	10.73			
Age	.117	11.65			
Illness Length	.106	8.29			
			.340	.116	11%
6. Senior Centers:					
Live in Village	.203	15.98			
Number in Household	.128	13.20			
Sex	.090	7.33			
Age	.084	6.15			
			.351	.123	12%

7. Nutrition Sites:

Live in Village	.230	20.51			
Number in Household	.148	19.69			
Legal Matters a Problem	.102	9.52			
			.349	.122	12%

8. Friendly Visiting:

Live in Village	.159	9.34			
Live in Town	.160	9.93			
Age	.144	17.91			
			.244	.059	6%

9. Senior Transportation Services:

Live in Town	.171	11.40			
Age	.132	14.53			
Sex	.113	11.11			
Income	.101	8.27			
			.280	.079	8%

10. Information and Referral:

Live in Village	.154	8.81			
Transportation a Problem	.119	12.05			
Age	.105	9.31			
			.264	.069	7%

APPENDIX D. INCOME CATEGORIES--RURAL*

Number of Persons Living on This Yearly Income

One Person	Two Persons	Three Persons
A \$ 0 - \$ 3,680	A \$ 0 - \$ 4,850	A \$ 0 - \$ 6,020
B \$ 3,681 - \$ 6,999	B \$ 4,851 - \$ 6,999	B \$ 6,021 - \$ 9,999
C \$ 7,000 - \$ 9,999	C \$ 7,000 - \$ 9,999	C \$10,000 - \$14,999
D \$10,000 - \$14,999	D \$10,000 - \$14,999	D \$15,000 - \$19,999
E \$15,000 - \$19,999	E \$15,000 - \$19,999	E \$20,000 - \$29,999
F \$20,000 - \$29,999	F \$20,000 - \$29,999	F \$30,000 - \$39,999
G \$30,000 or more	G \$30,000 or more	G \$40,000 or more
Four Persons	Five Persons	Six or More Persons
A \$ 0 - \$ 7,190	A \$ 0 - \$ 8,360	A \$ 0 - \$ 9,350
B \$ 7,191 - \$ 9,999	B \$ 8,361 - \$ 9,999	B \$ 9,351 - \$14,999
C \$10,000 - \$14,999	C \$10,000 - \$14,999	C \$15,000 - \$19,999
D \$15,000 - \$19,999	D \$15,000 - \$19,999	D \$20,000 - \$29,999
E \$20,000 - \$29,999	E \$20,000 - \$29,999	E \$30,000 - \$39,999
F \$30,000 - \$39,999	F \$30,000 - \$39,999	F \$40,000 - \$49,999
G \$40,000 or more	G \$40,000 or more	G \$50,000 or more

*Fewer than 2500 residents

APPENDIX D. INCOME CATEGORIES--URBAN^{*}

Number of Persons Living on This Yearly Income

One Person		Two Persons		Three Persons	
A	\$ 0 - \$ 4,310	A	\$ 0 - \$ 5,690	A	\$ 0 - \$ 7,070
B	\$ 4,311 - \$ 6,999	B	\$ 5,691 - \$ 9,999	B	\$ 7,071 - \$ 9,999
C	\$ 7,000 - \$ 9,999	C	\$10,000 - \$14,999	C	\$10,000 - \$14,999
D	\$10,000 - \$14,999	D	\$15,000 - \$19,999	D	\$15,000 - \$19,999
E	\$15,000 - \$19,999	E	\$20,000 - \$29,999	E	\$20,000 - \$29,999
F	\$20,000 - \$29,999	F	\$30,000 - \$39,999	F	\$30,000 - \$39,999
G	\$30,000 or more	G	\$40,000 or more	G	\$40,000 or more
Four Persons		Five Persons		Six or More Persons	
A	\$ 0 - \$ 8,450	A	\$ 0 - \$ 9,830	A	\$ 0 - \$11,210
B	\$ 8,451 - \$ 9,999	B	\$ 9,831 - \$14,999	B	\$11,211 - \$14,999
C	\$10,000 - \$14,999	C	\$15,000 - \$19,999	C	\$15,000 - \$19,999
D	\$15,000 - \$19,999	D	\$20,000 - \$29,999	D	\$20,000 - \$29,999
E	\$20,000 - \$29,999	E	\$30,000 - \$39,999	E	\$30,000 - \$39,999
F	\$30,000 - \$39,999	F	\$40,000 - \$49,999	F	\$40,000 - \$49,999
G	\$40,000 or more	G	\$50,000 or more	G	\$50,000 or more

* 2500 residents or more

APPENDIX E.
SURVEY QUESTIONNAIRE

MONTANA CENTER OF GERONTOLOGY
STATEWIDE SURVEY OF OLDER MONTANANS

card : col

Area Agency on Aging Number _____			card#	1:1-2
County _____				:3
City/Town _____	Division _____			:4-5
Cluster Start _____	Cluster Number _____			:6-7
Interview Number _____	Interview Date _____			:8
				:9-10
Time Interview Began _____ a.m.				
_____ p.m.				
Time Interview Ended _____ a.m.				
_____ p.m.				
Respondent's Address _____				
Interviewer _____	/ _____			:11-13
\$ _____ Per hour	Name	Number		

RESPONDENT'S PLACE OF RESIDENCE:
(ask respondent if not sure)

_____ 1	on a farm or ranch (in open country)	:14
_____ 2	in the country, but not on a farm or ranch	
_____ 3	in a small town of less than 2,500	
_____ 4	in a town of 2,500 or more, but less than 25,000 people	
_____ 5	in a city of 25,000 or more, but less than 50,000 people	
_____ 6	in a suburb or outskirts of a city with 25,000 to 50,000 people	
_____ 7	in a large city of 50,000 or more	
_____ 8	in a suburb of a large city of 50,000 or more	
	(urban/rural pre-code)	:15

RESPONDENT'S RACE
(ask respondent if not sure)

_____ 1	white	
_____ 2	Native American/American Indian	
_____ 3	Other (specify: _____)	:16

RESPONDENT'S SEX
(observe; do not ask)

_____ 1	female	
_____ 2	male	:17

TYPE OF DWELLING UNIT:	_____ 1	single family dwelling (detached)	1:18
(ask respondent if not sure)	_____ 2	duplex, triplex, rowhouse (5 or less attached units)	
	_____ 3	townhouse, condominium (complex with over 5 units)	
	_____ 4	apartment in building with 5 or less units	
	_____ 5	apartment in building with over 4 units	
	_____ 6	room in hotel, rooming house, or boarding house	
	_____ 7	mobile home or trailer	

RESPONDENT'S TYPE OF HOUSING:	_____ 1	housing for a single household	:19
(ask respondent if not sure)	_____ 2	housing for 2-5 households	
	_____ 3	multiple family housing; no age restrictions	
	_____ 4	adult only or senior housing (multiple housing; dwelling units only)	
	_____ 5	retirement housing complex with social or recreational facilities	
	_____ 6	public housing complex	
	_____ 7	mobile home park with no age restrictions	
	_____ 8	adult only or senior mobile home park	

BEGIN INTERVIEW WITH RESPONDENT

1. How many people live in this household?	_____	:20-21
(IF RESPONDENT LIVES ALONE, WRITE 1)		
2. How many people--including you--are 60 years old or older ?	_____	:22
(IF RESPONDENT LIVES ALONE, WRITE 1)		
3. Who else lives in this household with you? Do you live with:		
(CHECK ALL APPROPRIATE CATEGORIES)		
_____ no one else (lives alone)		:23
_____ husband or wife		:24
_____ own children		:25
_____ own grandchildren		:26
_____ sister (s) or brother (s) or sister-in-law or brother-in-law		:27
_____ parent(s) or parent-in -law		:28
_____ other relatives		:29
_____ friend(s)		:30
_____ non-related person(s)		:31
_____ paid helper (includes free room)		:32
_____ other (specify)		:33

4.

The following set of questions has to do with various kinds of help or services that older Americans sometimes need. After I read each question, will you please tell me if you have needed this kind of help during the past year?

IF YES: Please tell me whether you received help or services from

- 1- a public/social/community agency (including clergy)
- 2- a private paid source
- 3- a family member, other household member, friend, neighbor, or relative

OR -4- did you need this kind of help but did not receive it (because you had no one to turn to, did not know where help was available, did not want to ask for help, etc.)

(COLUMNS 1, 2, 3, CHECK MORE THAN ONE IF APPROPRIATE--OR CHECK COLUMN 4; LEAVE BLANK ANY TO WHICH RESPONDENT ANSWERS NO)

IF NO: You did not need this kind of help or services. If you did need help, would you:

- 5- know of a public/social/community agency that makes this type of help or services available
- 6- use a private paid source
- 7- turn to a family member, other household member, friend, neighbor or relative

(COLUMN 5, 6, 7, CHECK MORE THAN ONE COLUMN IF APPROPRIATE--ALWAYS CHECK COLUMN 5 IF RESPONDENT KNOWS OF AN AGENCY, REGARDLESS OF WHETHER IT WOULD BE USED; LEAVE BLANK ANY TO WHICH RESPONDENT ANSWERS NO)

ALSO -8- Have you personally provided this type of help or service to someone else during the past year? (CHECK COLUMN 8)

	YES - HELP NEEDED				Did Not Receive Help	NO - DID NOT NEED HELP				Helped Someone Else
	"WHERE DID YOU GET THIS HELP?"					"DO YOU KNOW WHERE YOU COULD GET THIS HELP IF YOU NEEDED IT?"				
	-1- Public/ Social/ Community Agency (includes clergy)	-2- Private Paid Source	-3- Family, Friend, Neighbor, Household Member	-4- 		-5- Knows of Agency that makes Service Available	-6- Would use Private Paid Source	-7- Would turn to Family, Friend, etc.	-8- 	
During the past year have you, your spouse or other 60+ household resident needed:	1:34	:35	:36	:37	:38	:39	:40	:41		
a. help with your personal care, such as bathing, dressing or feeding you, or helping you with toilet care? (excluding hair dresser)?	:42	:43	:44	:45	:46	:47	:48	:49		
b. someone to help you regularly with routine household chores such as cleaning, washing clothes, etc., because you were unable to?	:50	:51	:52	:53	:54	:55	:56	:57		
c. someone to help you look for employment OR employment-related, educational services?	:58	:59	:60	:61	:62	:63	:64	:65		
d. someone to give you instruction in basic personal skills--such as speech therapy, physical therapy or handicap skills?	:66	:67	:68	:69	:70	:71	:72	:73		
e. advice, counseling or treatment for personal or family problems, or for nervous or emotional problems?	:74	:75	:76	:77	2:11	:12	:13	:14		
f. nursing care in your residence--such as someone else giving you treatments or medication prescribed by a doctor?										

	YES - HELP NEEDED				NO - DID NOT NEED HELP				
	"WHERE DID YOU GET THIS HELP?"				"DO YOU KNOW WHERE YOU COULD GET THIS HELP IF YOU NEEDED IT?"				
	-1- Public/ Social/ Community Agency (includes clergy)	-2- Private Paid Source	-3- Family, Friend, Neighbor, Household Member	Did Not Receive Help	-4- 	-5- Knows of Agency that makes Service Available	-6- Would use Private Paid Source	-7- Would turn to Family, Friend, etc.	Helped Someone Else
During the past year have you, your spouse or other 60+ household resident needed:	2:15	16	17	18	19	20	21	22	-8-
g. someone to be with you all the time to look after you--at home or else somewhere that care was available during the day?									
h. someone to regularly (at least five times a week) check on you by phone or in person to make sure you were all right?	:23	:24	:25	:26	:27	:28	:29	:30	:38
i. any help in finding a new place to live, or in making arrangements to move in? (This includes placement in institutions.)	:31	:32	:33	:34					
j. any help with a will, property deed, or some other kind of legal advice?	:39	:40	:41	:42	:43	:44	:45		:46
k. someone to go shopping with you, to appointments or to pay bills, etc.?	:47	:48	:49	:50	:51	:52	:53	:54	
l. help in dealing with a problem with an agency (for example, a Social Security Office)	:55	:56	:57	:58	:59	:60	:61	:62	
m. someone to give you information?	:63	:64	:65	:66	:67	:68	:69	:70	
n. help with managing your personal business affairs or handling your money (example) paying your bills for you?	:71	:72	:73	:74	:75	:76	:77	:78	

5. How old were you on your last birthday: _____ (actual age) 3:11-12
6. How far did you go (have you gone) in school? :13
- _____ 1 8 years or less
- _____ 2 9-11 years (some high school)
- _____ 3 12 years (high school graduate)
- _____ 4 post high school, business or trade school
- _____ 5 1-3 years college
- _____ 6 completed 4 years college
- _____ 7 post graduate college/advanced degree
7. What religion do you consider yourself? :14
- _____ 1 none
- _____ 2 Protestant
- _____ 3 Catholic
- _____ 4 Jewish
- _____ 5 other (specify) _____
8. What language do you speak at home? :15
- _____ 1 English
- _____ 2 Native American dialect
- _____ 3 other (specify) _____
9. What is your current marital status? :16
- _____ 1 never married
- _____ 2 widowed
- a. For how many years have you been widowed? _____ :17-18
(number)
- b. For how many years were you married before
you became widowed? _____ :19-20
(number)
- _____ 3 divorced or permanently separated
- a. For how many years have you been divorced
or separated? _____ :21-22
(number)
- b. For how many years were you married before
you became divorced or separated? _____ :23-24
(number)
- _____ 4 married
- a. How many times have you been married?
(counting the present marriage) _____ :25
(number)
- b. For how many years have you been married
to your (present) husband or wife: _____ :26-27
(number)
- c. If married previously, for how many years
were you married before? _____ :28-29
(number)
- _____ 5 common-law marriage or "living together" with
a person of the opposite sex

10 . Do you have--or have you had--any children?

3:30

_____1 no (Go to Q 13)

_____2 yes

a. How many children have been born to you, or
you have adopted, or raised as foster (Number) _____
children?

:31-32

b. How many of these children are still
living?

:33-34

(Number)

11. Do you have any grandchildren?

_____1 no

_____2 yes

12. What about other relatives--do you have any brothers and sisters, in-laws,
cousins, nieces or nephews, and so forth? (Other than children or
grandchildren)

:36

_____1 no

_____2 yes

13. SKIP IF RESPONDENT HAS NO CHILDREN OR RELATIVES

About how often did you talk with any of your children, grandchildren,
or other relatives in person or on the telephone during the last year?

:37

(REFER TO FREQUENCY CARD)

_____1 almost every day

_____2 few times a week

_____3 once a week

_____4 few times a month

_____5 once a month

_____6 few times a year (special occasions)

_____7 seldom or never

_____8 respondent has no relatives, children or grandchildren

14. How far away does the nearest of your children, grandchildren or
other relative live?

:38

(REFER TO DISTANCE CARD)

_____1 in same household (with respondent)

_____2 in same housing area or neighborhood

_____3 in same city or town (or less than 60 miles away in rural area)

_____4 in same state or nearby state (less than 500 miles away)

_____5 in a different part of the country

_____6 outside of the U.S.

_____7 respondent has no relatives

15. Do you generally see or talk with family members or relatives more often now, about the same, or less often now than you used to? 3:39
- ____ 1 more often now
- ____ 2 about the same
- ____ 3 less often now
- ____ 4 no relatives or family
16. How many people, other than relatives or family, do you know well enough to visit with in their homes or to go out with to do things: :40
- ____ 1 none (Go to Q 19)
- ____ 2 one to two (1-2)
- ____ 3 three to five (3-5)
- ____ 4 six to eight (6-8)
- ____ 5 nine to eleven (9-11)
- ____ 6 twelve or more (12 +)
17. How many names of families in this neighborhood or vicinity do you know? :41
- ____ 1 none
- ____ 2 one or two (1-2)
- ____ 3 three to five (3-5)
- ____ 4 six to eight (6-8)
- ____ 5 nine to 11 (9-11)
- ____ 6 twelve or more (12 +)
18. About how often during the past year did you spend time with friends or neighbors (informally stop to chat, visit in their home or go out together)? :42
- (REFER TO FREQUENCY CARD)
- ____ 1 almost every day
- ____ 2 a few times a week
- ____ 3 about once a week
- ____ 4 several times a month
- ____ 5 about once a month
- ____ 6 a few times a year (special occasions)
- ____ 7 seldom or never
- ____ 8 respondent doesn't know neighbors or visit friends
- 19 . How long have you been living in this area? :43-44
- (Not necessarily in the same residence) _____
- (number of years)
- 20 . Would you move out of this area if you could? :45
- ____ 1 no
- ____ 2 yes

21. What would you say is the most important reason why you continue to live in this area?

3:46

- ☐ 1 family, relatives, friends, neighbors, other people
- ☐ 2 convenience/amenities (close to places like stores, services recreational or social facilities)
- ☐ 3 like this house or apartment/this is home/have lived here a long time/have lived here all my life
- ☐ 4 features of location ("view", environment, etc.)
- ☐ 5 can't afford to move/nowhere else to go
- ☐ 6 other (specify) _____

22. How safe to you feel during the day in area where you live?

:47

- ☐ 1 quite safe
- ☐ 2 somewhat safe
- ☐ 3 not very safe

23. How safe do you feel at night in the area where you live?

:48

- ☐ 1 quite safe
- ☐ 2 somewhat safe
- ☐ 3 not very safe

24. Do you feel that you are really a part of this community, or do you see it as just a place to live?

:49

- ☐ 1 feel part of the community
- ☐ 2 just a place to live

25. Has this area changed for the better, stayed about the same, or changed for the worse since you've been living here, or haven't you noticed?

:50

- ☐ 1 changed for the better
- ☐ 2 stayed about the same
- ☐ 3 changed for the worse
- ☐ 4 haven't noticed

Now, let me ask you a few questions about your housing:

26. Do you own your own home?

:51

- ☐ 1 yes (ask a, b, and c)
- ☐ 2 no (ask d, e, and f)

(GIVE RESPONDENT HOUSING CARD)

a. How much is your house worth?

3:52

- ☐ 1 up to \$10,000
- ☐ 2 \$10,000 - \$24,000
- ☐ 3 \$25,000 - \$50,000
- ☐ 4 \$51,000 - \$80,000
- ☐ 5 more than \$80,000

b. Do you own it outright or are you still paying on a mortgage?

:53

- ☐ 1 own outright
- ☐ 2 still paying

c. How much is the monthly payment?

:54

- ☐ 1 Respondent owns home outright.
- ☐ 2 0 - \$99
- ☐ 3 \$100 - \$199
- ☐ 4 \$200 - \$299
- ☐ 5 \$300 - \$399
- ☐ 6 \$400 - \$499
- ☐ 7 \$500 up

SKIP IF RESPONDENT OWNS HOME

d. Do you (and your husband/wife) pay the total rent for your house/ apartment; or do you contribute to the cost; or does someone else own it or pay the rent?

:55

- ☐ 1 respondent pays total rent
- ☐ 2 respondent contributes to the cost
- ☐ 3 someone else owns it or pays the rent (Respondent doesn't contribute)

e. How much rent do you pay?

:56

- ☐ 1 Respondent does not pay rent
- ☐ 2 0 - \$99
- ☐ 3 \$100 - \$199
- ☐ 4 \$200 - \$299
- ☐ 5 \$300 - \$399
- ☐ 6 \$400 - \$499
- ☐ 7 \$500 up

f. Do you live in public housing or receive a rent subsidy?

:57

- ☐ 1 no, neither
- ☐ 2 yes, live in public housing
- ☐ 3 yes, receives a rent subsidy

27. If subsidized senior citizen housing became available in the next five years, would you consider living there? 3:58
 ___ 1 no
 ___ 2 yes
28. Do you have any plans to move out of this house/apartment within the next two years? :59
 ___ 1 no
 ___ 2 yes
29. Would you like to move out of this house/apartment? :60
 ___ 1 no
 ___ 2 yes
- SKIP IF RESPONDENT ANSWERED NO TO Q 28 and Q 29
30. What is the main reason you plan to move, or would like to move, from this house or apartment? :61
 (CHECK CATEGORY CLOSEST TO RESPONDENT'S ANSWER)
- | | |
|-------|--|
| ___ 1 | difficulty of upkeep or maintenance |
| ___ 2 | amount of rent or house payment or operating costs |
| ___ 3 | need for nursing or other special care |
| ___ 4 | change in neighborhood or local area |
| ___ 5 | distance from services like stores, doctor, transportation, etc. |
| ___ 6 | size or condition of house or apartment |
| ___ 7 | distance from work, family or friends |
| ___ 8 | other (specify) _____ |
31. Have you had problems this year in having minor or major repairs made, or in getting the work done to winterize your house/apartment? :62
 ___ 1 no
 ___ 2 yes
- IF YES, ASK Q32 and 33
32. Does your housing need minor or major repairs (to the roof, plumbing, wiring, painting, etc.) or to have work done to winterize it (insulation, storm doors or windows, etc.)? :63
 ___ 1 needs minor repairs
 ___ 2 needs major repairs
 ___ 3 needs work to winterize the housing
 ___ 4 needs both repairs and work done to winterize it

33. Is the problem mainly because of:

3:64

- ☐ 1 not able to do own repairs or winterizing
- ☐ 2 unable to find someone else to do repairs or winterizing
- ☐ 3 materials/labor too expensive
- ☐ 4 landlord/manager/responsible party didn't do it
- ☐ 5 other (specify) _____

34. When you are going someplace, what way or ways do you use most often to get there?

(1):65

(GIVE RESPONDENT TRANSPORTATION CARD)

(2):66

(3):67

- 1 = way used most often or only way
- (IF RESPONDENT MENTIONS MORE THAN ONE)
- 2 = second most often used way
- 3 = third most often used way
- ☐ 1 drive own car
 - ☐ 2 ride with family member, relative, friend, neighbor
 - ☐ 3 public mass transportation
 - ☐ 4 taxi or pay someone for ride
 - ☐ 5 senior transportation service
 - ☐ 6 handicap transportation
 - ☐ 7 employee or volunteer from local agency or group
 - ☐ 8 walk or bicycle

35. Do you presently have a problem getting places?

:68

- ☐ 1 no
- ☐ 2 yes

36. If yes, what kind of transportation would meet your needs?

:69

(REFER TO TRANSPORTATION CARD)

- ☐ 1 drive own car
- ☐ 2 ride with family member, relative, friend, neighbor
- ☐ 3 public mass transportation
- ☐ 4 taxi or pay someone for ride
- ☐ 5 senior transportation service
- ☐ 6 handicap transportation
- ☐ 7 employee or volunteer from local agency or group
- ☐ 8 walk or bicycle

37. How far away from your home do you generally go to get groceries?

:70

- ☐ 1 in this neighborhood or local area (within 1 mile)
- ☐ 2 in this town or city (or less than 5 miles)
- ☐ 3 more than 5 miles, within 35 miles
- ☐ 4 more than 35 miles, within 135 miles
- ☐ 5 more than 135 miles
- ☐ 6 respondent does not go out to get groceries

38. How far from your home do you generally go to get medical attention: 3:71
- _____ 1 in this neighborhood or local area (within 1 mile)
- _____ 2 in this town or city (or less than 5 miles)
- _____ 3 more than 5 miles, within 35 miles
- _____ 4 more than 35 miles, within 135 miles
- _____ 5 more than 135 miles
- _____ 6 respondent does not go out to get medical attention
39. Do you belong to any clubs, lodges, organizations, church or other religious group? :72
- _____ 1 no (go to Q 40)
- _____ 2 yes
- a. How many do you belong to? _____ :73-74
- Number
- b. Are you a member of any local or national organization or clubs for older Americans? :75
- _____ 1 no
- _____ 2 yes
40. Do you participate in activities at a senior center or other senior facility (such as at a retirement housing complex)? :76
- _____ 1 no (go to Q 43)
- _____ 2 yes
41. About how often during the past year did you attend meetings or social gatherings of groups or organizations to which you belong? :77
- (GIVE RESPONDENT FREQUENCY CARD)
- _____ 1 almost every day
- _____ 2 few times a week
- _____ 3 once a week
- _____ 4 few times a month
- _____ 5 once a month
- _____ 6 few times a year (special occasions)
- _____ 7 seldom or never
- _____ 8 respondent does not attend meetings or social gatherings of groups or organizations
42. How far from your home do you generally go to attend church, group meetings, or other activities, such as those at a senior center? :78
- (REFER TO DISTANCE TO SERVICES CARD)
- _____ 1 in this neighborhood or local area (within 1 mile)
- _____ 2 in this town or city (or less than 5 miles)
- _____ 3 more than 5 miles, within 35 miles
- _____ 4 more than 35 miles, within 135 miles
- _____ 5 more than 135 miles
- _____ 6 respondent does not attend church, group meetings, or other activities, such as those at a senior center

43. Are you able to get to the places you need to as often as you'd like, most of the time, or not nearly as often as you need to?

4:11

- ☐ 1 as often as need to (go to Q 44)
- ☐ 2 most of the time
- ☐ 3 not nearly as often

a. When you are not able to get to the places you would like, what is it mainly because of ? :12

(CHECK CATEGORY CLOSEST TO RESPONDENT'S ANSWER)

- ☐ 1 lack of public transportation
- ☐ 2 can't afford available public transportation or taxi
- ☐ 3 need for door-to-door transportation (like a senior or handicap bus)
- ☐ 4 distances too great; takes too long
- ☐ 5 expense of owning or driving a car
- ☐ 6 weather conditions make it difficult to get out
- ☐ 7 other (specify) _____
- ☐ 8 respondent is able to get to places as often as would like

44. Different types of programs serving older Americans are available in different places. Would you tell me which of these programs you think are available in your area? 4:

(CHECK COLUMN 1 FOR EACH PROGRAM RESPONDENT NAMES)

Of those available in your area, which, if any, are programs you have ever participated in?

(CHECK COLUMN 2 FOR EACH PROGRAM RESPONDENT NAMES)

Of those available in your area which you have seldom or never participated in, what is the main reason why you have not participated?

(READ CHOICES --PUT LETTER CORRESPONDING TO REASON IN COLUMN 3)

- a. have no reason to participate/don't need/ not eligible
- b. lack of transportation
- c. personal mobility is limited (hard to get around)
- d. not interested enough in program to spend time
- e. characteristics or quality of program
- f. don't know anyone involved in program/have not felt welcome
- g. other (specify) _____

TYPE OF PROGRAM	-1- Program Available in Area	-2- Respondent Has Participated	-3- Reason for Non- Participation	4:
Retired Senior Volunteer Program				13-14-15
Tax preparation for seniors				16-17-18
Food stamps				19-20-21
Friendly visiting/visitation				22-23-24
Geriatric day care				25-26-27
Home repair or winterization services (Low Income)				28-29-30
Senior transportation services				31-32-33
Meals on Wheels (Home delivered meals)				34-35-36
Information & referral services				37-38-39
Senior centers				40-41-42
Nutrition sites program (Senior Hot Lunches)				43-44-45

Now, let's talk briefly about current affairs and different sources of information.

45. Were you registered to vote in the last national election? 4:46

_____1 no (go to Q 44)

_____2 yes

a. Did you vote in the last national election--when Reagan and Carter
ran for President? :47

_____1 no

_____2 yes

46. Do you have a television set in your household, or access to one? :48

_____1 no

_____2 yes

a. How often, in an average week, do you watch the local or national
news on TV? (READ CHOICES) :49

_____1 daily (6 or 7 times a week)

_____2 several times a week (3-5 times)

_____3 about once a week (1-2 times)

_____4 less than once a week

_____5 doesn't watch the news

47. How often do you listen to the news on the radio in an average week? :50

_____1 daily (6 or 7 times)

_____2 several times a week (3-5 times)

_____3 about once a week (1-2 times)

_____4 less than once a week

_____5 doesn't listen to the news on the radio

(SKIP IF RESPONDENT IS BLIND)

48. How often during an average week do you read the newspaper? :51

_____1 daily (6 or 7 times)

_____2 several times a week (3-5 times)

_____3 about once a week (1-2 times)

_____4 less than once a week

_____5 doesn't read the newspaper

49. Where do you get most of your information about programs and about what is going on in the community that might affect you, or don't you usually keep up with it?

- 1 = most important source _____ 1 TV (1) 4:52
 IF RESPONDENT MENTIONS MORE THAN ONE _____ 2 radio (2) :53
 (3) :54
 2 = second most important _____ 3 newspaper
 3 = third most important _____ 4 aging newsletter or other newsletter
 _____ 5 community agency or information and referral agency
 _____ 6 other people (family, friends, neighbors)
 _____ 7 church, senior center or group meetings
 _____ 8 don't keep up with it

Now I'm going to read you a list of events--we know some of which will be inappropriate for you--please tell me which of them have happened to you in the last five years.

IN THE LAST FIVE YEARS:

YES

50. have you had a major injury or serious illness?		:55
51. has an immediate family member been seriously ill or injured (not including yourself)?		:56
52. has an immediate family member been a patient in a nursing home?		:57
53. have you experienced a death of some close family member or friend (other than your spouse)?		:58
54. have you had a change in your household income?		:59
55. have you, or someone living with you, been robbed or attacked?		:60

56. Have you called the sheriff/police in the last five years? :61

_____ 1 no

_____ 2 yes

a. If yes, how was your complaint answered? Was the: :62

_____ 1 problem taken care of

_____ 2 problem ignored

_____ 3 problem worked on but not resolved

_____ 4 respondent did not find out

_____ 5 respondent has not called police

57. Talking about problems in general, I am going to read you a list of areas that people say are problems for older Americans. For each area please tell me if it is a problem for you. If it is a problem, is it somewhat of a problem or a very important problem?

(GIVE RESPONDENT PROBLEM CARD: CHECK A RESPONSE FOR EACH PROBLEM)

Type of Problem	NO Problem	SOME Problem	VERY IMPORTANT Problem	MOST SERIOUS Problem	
Income (money)					4:63
Health					:64
Securing fuel and/or energy					:65
Housing					:66
Nutrition and food					:67
Transportation					:68
Loneliness					:69
Understanding legal matters					:70
Education/ Employment opportunities					:71
Age Discrimination					:72
Racial discrimination					:73
Crime					:74
Spare time activities					:75

(IF TWO OR MORE ARE VERY IMPORTANT PROBLEMS ASK:)

a. Which of these is the most serious problem for you?

:76-77

(PUT ONE CHECK IN LAST COLUMN)

Let's talk a bit about your present employment situation.

58. Are you currently working at a job with pay, working in your own business, not employed, or are you retired:

(READ EACH EMPLOYMENT CATEGORY)

Respondent	Employment status	Spouse	Other 60+ resident
YES		YES	YES
4:78	Employed full-time	:17	:24
5:11	Self-employed full-time	:18	:25
:12	Employed or self-employed part-time (30 hrs a week or less)	:19	:26
:13	Not employed, seeking work	:20	:27
:14	Not employed, not seeking work (includes housewife)	:21	:28
:15	Retired	:22	:29
:16	Retired on disability	:23	:30

(SKIP IF RESPONDENT LIVES ALONE)

59. What about your husband/wife? Is he/she presently: (CHECK STATUS ABOVE)
60. How about any other person in this household who is aged 60 or over?
Is he/she presently: (CHECK EMPLOYMENT STATUS ABOVE)

(IF RESPONDENT OR SPOUSE IS EMPLOYED, ASK)

61. Have you (and your spouse) made plans for anything you would like to do after you stop working? :31
- _____ 1 no
- _____ 2 yes
62. Is your work (or your spouse's work) more satisfying to you than the time you (he/she) spend around the house? :32
- _____ 1 no
- _____ 2 yes

(IF RESPONDENT OR SPOUSE IS RETIRED OR RETIRED ON DISABILITY, ASK)

63. In what year did you (and/or your spouse) retire, or in other words, how many years have you (and spouse) been retired? :33-34
- Respondent _____ or _____
- date Number of years
- Spouse _____
- date Number of years :35-36

64. Who decided that you (your spouse) should stop working when you (your spouse) did? 5:37
- _____ 1 respondent
- _____ 2 spouse
- _____ 3 employer
- _____ 4 government
- _____ 5 union
- _____ 6 doctor
65. Would you (your spouse) have preferred to continue working longer than you (he/she) did? :38
- _____ 1 no
- _____ 2 yes
66. On the whole, would you say that your retirement (your spouse's retirement) has been very satisfactory, somewhat satisfactory, or rather unsatisfactory? :39
- _____ 1 very satisfactory
- _____ 2 somewhat satisfactory
- _____ 3 rather unsatisfactory

Now I'm going to read you a list of possible sources of income. Would you please tell me if you presently get money from.....

(READ EACH MONEY SOURCE: CHECK YES FOR EACH ONE THAT APPLIES)

67.		YES	
a.	Employment (wages, salaries, or business income)		:40
b.	Personal savings		:41
c.	Social Security retirement benefits (Not SSI)		:42
d.	Disability payments (Social Security, V.A., private insurance, workman's compensation)		:43
e.	Unemployment Compensation or insurance		:44
f.	Public or private retirement pension		:45
g.	Income from assets, such as dividends, rentals, trusts, annuities, insurance policies, stocks and bonds		:46
h.	Regular assistance from family members (regular contributions from employed children) or alimony, child support		:47
i.	Supplemental Security Income (old age assistance, aid to blind or disabled, welfare)		:48
j.	Veterans' benefits or armed services retirement benefits (not disability)		:49
k.	Regular financial aid from private organizations and churches		:50

68. Taking into account the total amount of money received by members of your household and yourself from the sources you've mentioned, how many people all together live on this income (that is, it provides at least half of their income)?

5:51-52

Number

69. Which of the categories on this card best describe the amount of income that you (and other household members) have a year? We do not need to know the exact amount. Just tell me which letter corresponds to the correct yearly or monthly amount.

:53

(GIVE RESPONDENT INCOME CARD FOR NUMBER OF PERSONS - SEE Q 68;
USE URBAN CARD FOR ANY RESPONDENT IN LOCATION WITH 2500 RESIDENTS
OR MORE: OTHERWISE USE RURAL CARD)

- a.
 b.
 c.
 d.
 e.
 f.
 g.

70. Most of the time, do you find that your expenses are so heavy that you have trouble meeting your bills; OR are you just able to meet bills; OR are your bills generally not a problem to you?

:54

- 1 trouble meeting bills
 2 just able to meet bills
 3 bills not a problem

YES

71. Are you covered by Medicaid, Medicare, or any kind of health or medical insurance?

:55

72. Did you personally have to spend a lot on health care expenses in the past 12 months (in addition to expenses covered by insurance)?

:56

73. At this point are your assets and financial resources sufficient to meet emergencies?

:57

74. I am going to read you a list of things that people usually do during the day or periodically. As I read each activity, please tell me whether or not you are able to do it by yourself. If not, can you do it with assistance from a mechanical aid. OR, do you receive assistance in doing it from a person within your household, or another person from outside of your household. OR, do you currently have a need for assistance in doing any of these things? (CHECK COLUMN 1,2,3,4, or 5 FOR EACH ACTIVITY)

- 1- respondent can do this activity without assistance
- 2- respondent can do it with assistance from a mechanical aid (such as cane, crutches, walker, walkerette, wheelchair, artificial limb, brace, or hearing aid)
- 3- respondent receives assistance in doing it from someone else within this household
- 4- respondent receives assistance in doing it from someone outside of this household
- 5- respondent currently has a need for assistance in doing this activity

Activity	-1- YES (Without Assistance)	-2- YES With Mechanical Aid	-3- Another Person, Within Household	-4- Another Person, Outside of Household	-5- Unmet Need for Assistance	
Dressing and putting on shoes						5:58
Cutting toenails						:59
Combing hair (FOR MEN, ADD) shaving						:60
Getting in and out of bed						:61
Reading						:62
Moving heavy objects or shoveling snow						:63
Preparing meals						:64
Using the telephone (includes hearing)						:65
Going up and down stairs						:66
Going shopping Going for walks						:67
Going for walks or nearby visits						:68

75. Do you regularly participate in any vigorous physical or sport's activity, such as hiking, jogging, swimming, biking, fishing, golfing, horsebackriding, tennis, or gardening? 5:69
- ____1 no
- ____2 yes
76. Is there a place you regularly go to, in your area, which provides the kinds of recreational activities you enjoy? :70
- ____1 no
- ____2 yes
- a. What place do you go to most often? :71
- ____1 YMCA or YWCA
- ____2 senior citizen center
- ____3 area school
- ____4 recreational center
- ____5 church
- ____6 country club
- ____7 athletic club (racquet club)
- ____8 housing area clubhouse
77. In general, how is your health now--would you say excellent, good fair, or poor? :72
- ____1 excellent
- ____2 good
- ____3 fair
- ____4 poor
- (SKIP IF RESPONDENT LIVES ALONE)
78. How is the health of your husband/wife (or other 60+ resident of this household) now? :73
- ____1 excellent
- ____2 good
- ____3 fair
- ____4 poor
79. Overall, how is your general health now compared to what it was five years ago--better, about the same, or worse? :74
- ____1 better
- ____2 about the same
- ____3 worse

80. How much does your health (and the health of your spouse or other 60+ household resident) stand in the way of your doing the things you want to do : not at all, some, or a great deal?

5:75
:76

RESPONDENT	SPOUSE OR OTHER PERSON 60+	
		not at all
		a little (some)
		a great deal

81. During the past year, how long were you (and your spouse or other 60+ household resident) so sick that you (he/she) were unable to carry on your usual activities?

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:78

RESPONDENT	SPOUSE OR OTHER PERSON 60+	
		no days
		one week or less
		more than a week but less than a month
		1-3 months
		4-6 months
		7-9 months
		10 months or more

82. About how often have you seen a doctor during the past year?
(READ CATEGORIES)

6:11

- ____ 1 once a week or more
 ____ 2 2-3 times a month
 ____ 3 once a month
 ____ 4 a few times
 ____ 5 once this past year
 ____ 6 not at all

83. About how many different times were you (or your spouse) in a hospital overnight during the last 12 months?

:12-13

respondent _____ times
(number)

spouse _____ times
(number)

:14-15

(SKIP IF NOT IN HOSPITAL)

84. Was your longest stay in the hospital because of illness, diagnostic tests or an accident?

:16

- ____ 1 illness
 ____ 2 diagnostic tests
 ____ 3 accident
 ____ 4 other (specify) _____

85. Were you (or your spouse) a patient in a nursing home or rehabilitation center during the last 12 months? 6:17
- ____1 no - respondent
____2 yes - respondent
____3 no - spouse
____4 yes - spouse
86. Are you presently receiving the medical care you need? :18
- ____1 no
____2 yes
- a. If no
- (CHECK CATEGORY CLOSEST TO RESPONDENT'S ANSWER) :19
- ____1 don't know who to see/where to go
____2 have to wait too long
____3 no doctor, clinic or hospital available in vicinity
____4 cannot afford medical care
____5 have difficulty getting transportation
____6 reluctant or afraid to seek medical care
____7 difficulty getting there due to physical condition
____8 other (specify)_____
87. When was your last visit to the dentist? :20
- ____1 less than 6 months ago
____2 more than 6 months but less than 1 year ago
____3 more than 1 year but less than 2 years ago
____4 more than 2 years ago
88. Is there anything that keeps you from getting the kind of dental care you would like to have? :21
- ____1 no
____2 yes
- a. If yes
- (CHECK RESPONSE CLOSEST TO RESPONDENT'S ANSWER) :22
- ____1 don't know who to see/where to go
____2 have to wait too long
____3 no doctor, clinic or hospital available
____4 cannot afford dental care
____5 have difficulty getting transportation
____6 reluctant or afraid to seek dental care
____7 difficulty getting there due to physical condition
____8 other (specify)_____

Now, I would like to ask you some questions about food and nutrition.

89. Do you have any problems in eating, or getting enough to eat, or eating regularly? 6:23
____ 1 no
____ 2 yes
90. How would you rate your appetite at the present time? :24
____ 1 excellent
____ 2 good
____ 3 fair
____ 4 poor
91. Do you regularly take nutritional supplements (like vitamins)? :25
____ 1 no
____ 2 yes
92. Are you supposed to be on a special diet? :26
____ 1 no
____ 2 yes
- a. Do you have trouble following your special diet? :27
____ 1 most of the time
____ 2 a good part of the time
____ 3 some of the time
____ 4 hardly any of the time

93. Please tell me how often you get your main meal of the day in the following ways.

(REFER TO FREQUENCY CARD)

How often:	Almost every Day	Few Times a Week	Once a Week	Few Times a Month	Once a Month	Few Times a Year (Special Occasions)	Seldom or Never
a. Do you, or someone else in the household, prepare your main meal here at home?							
b. Do you have meals prepared in your home by someone who comes in?							
c. Do you participate in a program that provides older people with hot meals delivered to their home?							
d. (IF APPROPRIATE) Do you eat in the dining room of the apartment building or boarding house where you reside?							
e. Do you go to a congregate or group meal program for senior citizens (OTHER THAN "d" ABOVE)?							
f. Do you go to a restaurant (OTHER THAN "e" ABOVE)?							
g. Do you go to a friend or relative's home for your main meal?							
h. Do you "skip" a main meal (just have snacks)?							

6:28

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94. Let's finish up with a few questions about how you feel and how things have been going with you. I'm going to read some statements about how people sometimes feel. For each statement please tell me whether you feel that way:

- 1- most of the time
- 2- a good part of the time
- 3- some of the time
- 4- hardly any of the time
- 5- none of the time

(CHECK ONE COLUMN FOR THE ANSWER TO EACH STATEMENT)

	-1- most	-2- good part	-3- some	-4- hardly any	-5- none	
a. I have crying spells or feel like crying.						6:
b. I feel lonely or remote from other people.						36
c. I am not treated very well at home.						37
d. My mind is as clear as it used to be.						38
e. I can't remember as well as I used to.						39
f. I am restless and can't keep still.						40
g. I feel that I am useful and needed.						41
h. I feel respected at home.						42
i. I am more irritable than usual.						43
j. My life is pretty full.						44
k. I find it easy to do the things I used to do.						45
						46

INTERVIEWER: Thank you very much for your time and cooperation. The information you have provided will be very useful in our efforts to assist older Americans in their daily lives. You have been very helpful. Good-bye.

